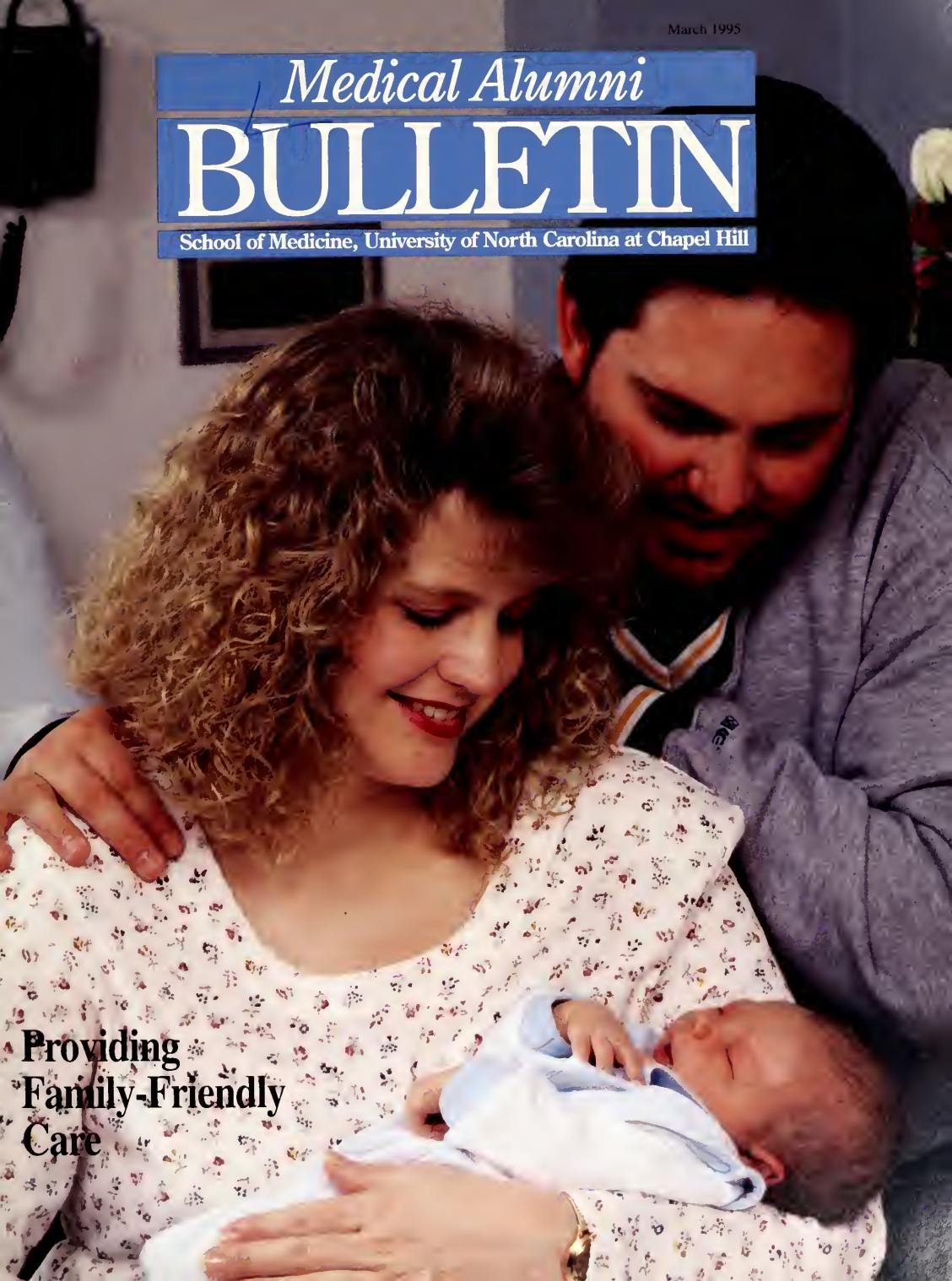
March 1995

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



Providing Family-Friendly Care

Dean's Page

"I think the status quo should stay the same."

Attributed to baseball great Yogi Berra

Sorry, Yogi, but in baseball, as in medicine, the status quo is out and change is in. It's a whole new ballgame.

Having said that, as I prepare to enter my second year as dean of the School of Medicine, I find the changes we and other academic medical centers are undergoing to offer unparalleled opportunity for self-examination and, ultimately, for improvement.

A big part of my job is to start and nurture discussions that lead to change. I help outline the problems and opportunities, then let our exceptional faculty determine, then implement, the solutions.

In that spirit, let me outline two of the most complex issues facing UNC and other academic medical centers:

1) The nation's graduate medical education establishment is being downsized. There will be fewer housestaff slots, particularly in the sub-specialties. Primary care is the order of the day.

If one accepts these premises, several questions come to mind: Are we graduating, and training, too many physicians? If so, what is the "magic" number of students? Of housestaff? In what areas of medicine? Or, as I asked a group in Charlotte recently, do we really need another resident in the Neonatal Intensive Care Unit?

2) Clinical faculty compensation. One of my first acts as dean was to sequester funds that normally flowed through the Dean's Office to departments in the form of routine raises. I did so at a time when our faculty practice plan was running in the red. Nonetheless, some objected strenuously; local media quoted unnamed sources who dubbed the account, "Simmons' savings and loan." So much for my introduction to the local press.

But the fact remains: We cannot spend money we do not have. Physician salaries are the largest single expense in clinical departments, yet they are not tied to any formula that takes into account clinical income. While the latest projections for the practice plan look good, there remain some fundamental financial questions for the medical school: How should we compensate clinical faculty? How do we reward research, teaching and administrative activities? And, if generating new knowledge is as important to an academic medical center as patient care, how should we compensate basic-sciences faculty?

Fortunately, I have been able to draw on those faculty resources I mentioned earlier in the form of a Clinical Faculty Compensation Committee. The committee has drafted a proposal that we are discussing in detail with faculty members.

So, as my first year as dean draws to a close, I can say to our faculty, alumni and friends that your school is alive and well, and it's working hard to change the status quo. I welcome your comments and suggestions.

Photo by Lance Richardson

Michael A. Simmons, M.D.

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School of Medicine, University of North Carolina at Chapel Hill

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The *Medical Alumni Bulletin* is published four times annually by the University of North Carolina at Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the non-profit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Medical Center Public Affairs, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

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Cover photo by Alex Treml.

UNC Breast Center Provides Comprehensive Care

by Dianne G. Shaw

Navigating the often complex and sometimes overwhelming process of breast cancer treatment can add to the stress of illness. The new UNC Breast Center is designed to reduce that stress by providing comprehensive, compassionate care for breast-cancer patients. It is a collaborative program of the School of Medicine, UNC Hospitals and the UNC Lineberger Comprehensive Cancer Center.

The interdisciplinary initiative brings together experts in surgical oncology, medical oncology, gynecological oncology, radiology/mammography, pathology, reconstructive surgery, genetics, psychiatry and social work. William Cance, M.D., a surgeon, and Mark Graham, M.D., an oncologist, are co-directors.

"The primary goal of the UNC Breast Center is to provide comprehensive, state-of-the-art therapy in a caring fashion," says Cance.

To help realize this goal, the center has adopted a case-management system. Under the system, Susan McKenney-Tedder, R.N., a nurse practitioner, coordinates care as patients make transitions between medical specialties and phases of treatment. McKenney-Tedder has established a weekly case-management conference that brings together oncology professionals from a variety of areas to focus on the non-medical needs of patients. Martha Sorenson, CCSW, a patient counselor, provides ongoing psychological support for patients and families.

"We want to make patients feel that their therapy is being carefully and compassionately guided," says McKenney-Tedder.

Patients have access to information materials, wigs and turbans, and support programs through the Patient/Family Resource Center in the Clinical Cancer Center.

Photo by Chuck Liddy, courtesy of the News & Observer Publishing Co.

Etta Pisano, M.D., a UNC-CH radiologist, examines mammograms.

1-800-UNC-8660 Offers Easy Access to Experts

On Oct. 28, the UNC Breast Center toll-free number was put into action. Nurses, surgeons, gynecologists, social workers, oncologists and other experts staffed the phone bank that day, receiving more than 100 calls. The callers asked about a broad range of topics, from basic information on breast health and breast cancer to biopsy techniques and reconstructive-surgery options.

The toll-free number, 1-800-UNC-8660, remains open so that women across the state can continue to ask questions through the center. The number also provides access to clinical appointment scheduling.

"We established this toll-free number so that no woman in North Carolina will hesitate to seek help for a breast problem," says William Cance, M.D., co-director of the center.

"Women who call UNC can learn about the very latest developments in breast cancer because of our nationally recognized expertise," adds Mark Graham, M.D., also a center co-director.

Other features of the UNC Breast Center:

• Interdisciplinary Breast Clinic — Held every Wednesday, the clinic brings together physicians from nine specialties who are available to see patients. This allows most patients a one-day diagnostic visit. An interdisciplinary conference, held from 12:30 to 1:30 that day, provides physicians with an opportunity to discuss treatment options for patients seen that morning. Plans are under way to provide a written summary of that conference to each patient's referring physician.

• High-Risk Breast Clinic — Edison Liu, M.D., an oncologist, McKenney-Tedder and faculty from epidemiology and radiology evaluate women who are predisposed to breast cancer by family history or other factors. Women seen in this clinic have access to the latest advances in basic science research, diagnostic tests and therapy. For example, through a grant awarded to Etta Pisano, M.D., radiology, UNC physicians have access to one of the first digital mammography units. Digital mammography is a computer technique to enhance mammograms and to make breast abnormalities clearer. In addition, the UNC Lineberger Comprehensive Cancer Center has one of four Specialized Programs of Research Excellence in breast cancer funded by the National Cancer Institute. The SPORE projects, directed by Liu, address breast cancer problems from genetics to breast screening. All center patients benefit from access to SPORE-generated research and therapy.

• Breast Screening Clinic — Directed by McKenney-Tedder, the clinic meets Tuesday and Thursday mornings. It is designed to teach women about breast exams and help them understand breast health and cancer risks. □

Photo by Will Owens

UNC surgeons George Sheldon (right) and Anthony Meyer answer calls about breast cancer during a one-day service provided by the Breast Center and Lineberger Comprehensive Cancer Center through HealthLink. More than 100 calls were answered that day, and HealthLink staff continue to provide breast cancer information to callers.

Team Approach Helps Woman Balance Pregnancy, Cancer

by Leslie M. Purcell-McCormick

In February 1994, Nancy Knight was 22 weeks pregnant with twins, working full time and taking care of her 2-year-old daughter. So when she began to tire more easily and started having night sweats, it was not surprising that she attributed it to her pregnancy.

"I thought it was my hormones going crazy," Knight says. "At that point, I was relating it to pregnancy, not to anything else."

But when she found a lump on the side of her neck, she started thinking that maybe something was wrong. Tests conducted in her hometown, Rocky Mount, found that she had Hodgkin's disease, a cancer of the lymphatic system that is characterized by fever spikes in the late afternoon, itching, enlarged lymph nodes and night sweats.

Twins Andrew (left) and Ashley pose with sister Lauren.

"This was something we knew needed to be handled in Chapel Hill," says Jim Thorp, M.D., an obstetrician-gynecologist in Rocky Mount and a 1957 graduate of the School of Medicine. "Hodgkin's disease itself doesn't affect the pregnancy," he says. "It's the fact that you've got a malignancy in your lymph nodes, and it needs to be treated. The tricky part is treating it during pregnancy."

The critical question was, "How do you balance the risk of the disease the mother has with the risk of treatment during pregnancy?" says John M. Thorp, M.D., assistant professor of obstetrics and gynecology at the School of Medicine. "The fear is that because chemotherapy is directed toward rapidly growing cells and will cross the placenta, it will hurt the growing fetus. What's really growing is the baby's brain, so you fear neurological damage. But the risk of chemotherapy to babies is largely theoretical because chemotherapy is not given in pregnancy often and because there haven't been bad outcomes when it has been given."

At UNC Hospitals, a team of specialists from hematology-oncology, radiation-oncology, obstetrics-gynecology and neonatology, and Knight's referring physicians convened to discuss treatment options. "One of the things that academic health centers do well is work with community physicians on esoteric things that they can't handle alone," John Thorp says. "It was truly a multidisciplinary effort where everyone brought their expertise to the patient to maximize the outcome for the babies and the mother.

"In this type of situation, you have to ask, 'What would you do or offer the patient if she were not pregnant? Is there a good, not a theoretical reason, why you can't do that now?' "

Because Hodgkin's disease is usually a slow-growing tumor and a fairly treatable disease, the UNC physicians decided they could postpone treatment and deliver Knight's babies prematurely. "In this incidence, there was no additional risk to the mother in a 10- to 12-week delay in treatment," John Thorp says.

Knight returned to Chapel Hill every two weeks for prenatal care until she delivered her twins on May 7 at 35 weeks' gestation. Ashley, 4 pounds, 15 ounces, and Andrew, 5 pounds, 2 ounces, both spent 11 days in the hospital after their births, but are now at home and doing well.

During the pregnancy, Knight's Hodgkin's disease progressed some, says Darla Liles, M.D., a fellow in hematology-oncology at UNC Hospitals. Two weeks after delivery, Knight began six four-week courses of chemotherapy given over a seven-month period. She was hospitalized twice during those months for low white cell counts and low hemoglobin. The chemotherapy was followed by five weeks of radiation.

Despite the rigorous treatment she has undergone, Knight says she is doing well. "I haven't felt like they told me I'd feel," Knight says. "Maybe I'm tired and exhausted, but who wouldn't be if you were working and taking care of three kids? I haven't had any problems with radiation or chemotherapy other than its knocking my blood counts down and losing my hair. I've never felt nauseated or sick."

"We'll see Nancy every couple of months because recurrence of Hodgkin's disease is fairly common with the size of disease she had," Liles says. "In 80 to 90 percent of cases, people will have a complete or partial response to the treatment. If it does recur, we can treat it then. But because it is slow growing and slow returning, most patients live for many years." □

Bone Marrow Transplants Show Promise for Ovarian Cancer

Ovarian cancer strikes 24,000 American women every year and kills 13,600. Among women, it is the fourth leading cause of death from cancer, primarily because most cases are not diagnosed until they are very advanced.

"There are no good screening methods for ovarian cancer," says Wesley C. Fowler Jr., M.D., professor of obstetrics and gynecology. "And there usually aren't any symptoms until very late, when cure is 20 percent or less. So we are constantly looking for better treatment methods."

One treatment that is showing promise at UNC Hospitals is bone marrow transplantation with high-dose chemotherapy.

High-dose chemotherapy, which can be from three to 20 times as strong as standard chemotherapy, is given to kill the last surviving cancer cells after a patient undergoes a standard treatment regimen.

"Surgery is still the mainstay of treatment," Fowler says. "We remove as much of the tumor as possible. Then most patients undergo chemotherapy."

"The problem is that every time you treat a patient with chemotherapy, cancer cells have a chance to develop resistance to the drug," says Thomas C. Shea, M.D., associate professor of medicine and director of the bone marrow transplantation program. You go on to another drug until you run out of options."

"With this approach, we may improve patients' length of survival, but we don't often cure them, in spite of getting a great response to the treatment," Fowler says.

"What we're doing with bone marrow transplantation is finding a way to support patients after very intensive doses of chemotherapy and radiation therapy," Shea says.

"It's not the intent of the high-dose chemotherapy to kill bone marrow, but that is a side effect," Shea says. When the bone marrow is killed, the patient ends up with, among other things, low white cell and platelet counts and the accompanying increased risk of infection and bleeding. Intense chemotherapy also increases the risk of damage to the kidneys or liver. But with bone marrow transplantation, patients are better able to withstand the side effects of the high-dose chemotherapy.

"The transplant is like an antibiotic," Shea says. "You need it to get you through the treatment, but it's not the anti-cancer part of the treatment. A patient who isn't going to be transplanted wouldn't get the kind of chemotherapy that would kill bone marrow."

Prior to starting the high-dose chemotherapy, physicians collect blood stem cells, which differentiate into the different types of blood cells, and harvest bone marrow from the patient's hip.

After the first half of the high-dose treatment, blood stem cells are given back to the patient. And after the second half of the treatment, blood stem cells and bone marrow are re-infused.

"The transplant itself was virtually painless," says Jean McNeill, 64, of Wilmington, one of eight patients who have received bone marrow transplants at UNC Hospitals as part of their treatment for ovarian cancer. "You're asleep when they take the bone marrow, but when you wake up, you feel like a mule has kicked you in the backside. You're just sore. When they give you back the bone marrow, they give it through an intravenous catheter. It's relatively pain-free."

"Like most women with ovarian cancer, McNeill was asymptomatic until her cancer was in an advanced stage.

"Usually the symptoms at diagnosis are non-specific abdominal pain, bloating and fullness," Fowler says. "Most women are treated by their internist for gastrointestinal problems or are told nothing is wrong with them. There are few or no symptoms that would direct you to the ovaries."

Before the transplant, McNeill underwent a hysterectomy and 10 courses of chemotherapy. Despite this course of treatment, two tumors persisted. In November 1994, she had a bone marrow transplant after four days of high-dose chemotherapy.

Photo by Will Owens

Jean McNeill describes her bone marrow transplantation experience.

Since her transplantation, McNeill says that she has done well. "I've lost my appetite, but I'm forcing myself to eat," she says. "I'm sleeping better now, and I'm trying to walk every day to get my strength back. I get tired easily, but they say that's normal. It takes two to three months to get back to where you were."

Because of the risks involved, "high-dose chemotherapy for ovarian cancer is limited to patients who have advanced disease," Shea says. "The problem is that everything we know indicates that this is probably the least-optimal time to give a patient this type of therapy. They're sicker and the tumor has become more resistant to treatment, so the benefit is less."

"We'd like to be able to use bone marrow transplantation up front as part of the big gun you fire in the beginning when patients would benefit more from it," Fowler says.

"As toxicity side effects become more manageable, we'll move it up in the treatment," Shea says. □

L.M.P.M.

Offering Women and Children Family-Friendly Care

by Cynthia A. Thomas and Katharine C. Neal

In December, physicians and administrators gathered for a public hearing on the 2,000-page certificate of need submitted by UNC Hospitals for the North Carolina Children's Hospital, North Carolina Women's Hospital and Support Services Project. Joseph Slaton, hearing officer and project analyst with the N.C. Department of Human Resources, called the CON the "largest, most comprehensive application" ever received in North Carolina.

The comprehensiveness of the CON application — and the project itself — is not surprising, since it reflects hundreds of hours of work by scores of UNC health care professionals, architects and engineers. "More than 60 teams involving those with knowledge and insight regarding children's and women's health care needs have been involved in the process," says Mary Beck, director of planning and program development. Beck and her staff were responsible for putting together and submitting the CON.

"Hospitals and health care facilities must be sensitive to the physical and emotional or psychological needs of all people who come to us for care," Beck adds. "With this new facility, we will be able to provide the same excellent level of care UNC is known for, but in a more family-friendly and technologically functional way."

Beck notes that the main hospital facility was designed in the 1940s and opened in 1952. Other facilities have been built since that time, but are themselves 20 to 30 years old.

"Many of the existing spaces within the main hospital complex have been renovated in response to technological and environmental changes, but many of those areas are not able to be further renovated to adequately allow for the provision of patient- and family-oriented services, or to accommodate the high-technology equipment required for the care we provide to citizens of the state," says Beck.

The new facility, slated to house 190 inpatient beds, includes replacement beds and a minor expansion for the Children's Hospital, replacement beds for the Women's Hospital, a replacement Anatomical Pathology Laboratory, and relocation and replacement of Radiology Services space. Also included are outpatient specialty clinics for pediatrics, pediatric surgical services, and obstetrics and gynecology. All are oriented toward the needs of women and children.

Edward E. Lawson, M.D., interim chair of pediatrics, and William Droegemueller, M.D., chair of obstetrics and gynecology, echo Beck's comments on the importance of family-friendly care.

"The primary missions of the Children's Hospital are to deliver the highest level of care for infants, children and adolescents of North Carolina, regardless of economic status; to provide training for a wide spectrum of health care professionals; and to encourage generation of new knowledge concerning child health care," says Lawson. "Meeting the physical, nutritional, emotional, spiritual and social needs of our young patients and their families is critical to their care."

"We have worked hard to create a design for the new facility that will encourage families to participate in the ongoing care of their children," adds Tom Kmetz, Hospitals assistant director of operations, who is working on the project.

Droegemueller emphasizes the importance of the project to women. "Women deserve a family-centered birthing experience. They deserve comprehensive outpatient facilities and services, a physical plant that provides a pleasant, reassuring ambiance, and a surgical unit designed for their specialty needs. Our expectation is that, through this new facility, UNC Hospitals will offer women and children the most advanced medical care in a modern, comfortable, family-friendly facility."

The new hospitals will consolidate inpatient and specialty outpatient services for pediatrics, pediatric surgical services, and obstetrics and gynecology, including oncology. The plan offers large private rooms; specialized clinics; six operating rooms shared by women and children with separate pre-op, holding and recovery rooms; laboratory services; and radiology. The operating rooms are on a connecting floor with the main hospital's operating suite. The relocated Anatomical Pathology Laboratory and Radiology Services will continue serving all of UNC Hospitals, says Beck.

The eight-floor Children's and Women's hospitals will have individual entrances. The project also will expand the lobby of the main hospital. "Patients using either facility can readily access all services," explains Nancy Schanz, Hospitals assistant director of operations, who also is working on the project.

"About 20 percent of all operations at UNC Hospitals are for children," says George Sheldon, chair of surgery, explaining the plan for additional operating rooms. "The Children's Hospital is a unique institution in that all specialty areas of children's surgery are available, including cardiac, general, neuro, orthopaedic, otolaryngology, burn, plastic and transplantation. Complex specialty programs include pediatric transplantation of kidneys, livers, hearts, lungs and pancreases."

One part of the project Lawson especially looks forward to is the planned Pediatric Intermediate Care Unit. "This will allow for increased isolation capabilities and accommodate special populations such as bone marrow transplant patients.

"Bone marrow transplant is a significant new procedure necessary to save lives of children with cancer now, and it will become life-saving in the near future for children with certain inborn errors of metabolism and other genetic disorders."

Among the new facility's features are a Women's Resource Center that will offer

educational materials and programs to patients. One floor will include spacious Labor-Delivery-Recovery and Labor-Delivery-Recovery-Postpartum rooms, expanded Newborn Intensive Care and Intermediate Care units with an eight-bed pod arrangement, and parent sleeping and teaching areas. These areas will enable parents to spend the night with their newborn to learn how to provide appropriate care before going home. Parents of critically ill newborns also can spend the night if needed. The floor also will house rooms for patient consultation, breast feeding and meditation.

When current facilities were designed, parents and other family members were not as involved in the care process as they are today, Schanz notes. "Our new facilities will reach out and encourage families to be involved in the care of their loved ones."

"Our goal has been to design a facility to meet tomorrow's health care needs," Beck adds. The project currently is awaiting state approval in April or May, then will enter the design phase. Construction is scheduled to start in 1996, with completion in 1999. □

North Carolina Children's Hospital

- *Pediatric Specialty Outpatient Services*
- *Pediatric Dental Services*
- *Pediatric Acute Care*
- *Pediatric Intermediate Care*
- *Pediatric Intensive Care*
- *Operating Rooms*
- *Neonatal Intensive Care*
- *Neonatal Intermediate Care*
- *Pediatric Bronchoscopy*
- *Hospital School*

North Carolina Women's Hospital

- *Women's Specialty Outpatient Services*
- *Assisted Reproductive Technology Services*
- *Labor and Delivery/Birthing Center*
- *Obstetric Inpatient and Newborn Nursery Services*
- *Women's Resource Center*
- *Gynecology and Gynecologic Oncology Inpatient Care*
- *Operating Rooms*

Support Services

- *Recreational, Physical, Occupational and other Therapies*
- *Anatomic Pathology*
- *Radiology Services*
- *Pharmacy*
- *Social Work*
- *Admitting/Registration*
- *Gift Shop*
- *Pastoral Care*
- *Patient Relations*
- *Cafe*

Architect's rendering of the N.C. Children's Hospital, N.C. Women's Hospital and Support Services Project.

Not Just the 'Hand House' Anymore

The patient complained of sharp, intermittent pain and a strange clicking sound when raising her right shoulder. Donald K. Bynum, M.D., associate professor of orthopaedics, examined her.

The diagnosis: shoulder impingement syndrome. Inflammation of tendons in the shoulder, possibly from excessive use of a computer mouse, was causing the pain and clicking. But the symptoms, while troublesome, did not warrant surgery.

Bynum's prescription: the UNC Hand Rehabilitation Center.

"Often, the joint injury is not severe enough to require surgery, but it causes significant discomfort that disrupts patients' lives," says Bynum, associate medical director for the center. "The Hand Center provides a variety of non-invasive therapies to treat this kind of injury quite successfully."

Photo by Dan Crawford

Michelle Sydnor (left) and Tom Gilliam conduct a work station evaluation.

How this and other hand or arm injuries are treated has changed dramatically during the past 10 years, says Michelle R. Sydnor, director of therapy for the center.

"It used to be that injuries below the elbow were treated by an occupational therapist and injuries above the elbow were treated by a physical therapist.

"We now realize that what affects the shoulder or elbow may affect the neck or the wrist. Physiologically, you can't really separate them. As a result, we work with the entire upper extremity," says Sydnor, an occupational therapist and certified hand therapist. We're not just the 'Hand House' anymore."

The center sees about 2500 patients a year who are referred by physicians across North Carolina and the Southeast. Women are disproportionately represented, primarily because they are more likely to have jobs involving repetitive motions such as data entry, food processing and other assembly-line tasks.

Diagnoses generally fall into two main categories: acute injuries such as fractures and crush injuries from machinery, and cumulative trauma disorders such as carpal-tunnel syndrome (nerve compression affecting the hand) and shoulder-impingement syndrome.

Depending on the nature of their injuries, patients may work with occupational therapists or physical therapists — or both. Diana Simmons, a physical therapist and certified hand therapist, and Tom Gilliam, an occupational therapist, worked together to help the patient with shoulder impingement. A combination of ultrasound heat treatment, stretching exercises, ibuprofen and work-station modification proved the solution to her problem.

The team approach is one of the center's strengths, Sydnor says. "Our goal is to provide the best service possible to patients."

That may mean conducting an on-site evaluation of a specific job. "Diana worked with a forklift operator who was having difficulty operating the forklift controls as a result of a crush injury to his hand. She went to his job site, looked at how the controls operated, and made some suggestions to modify the controls that allowed him to return to work," Sydnor says.

Center therapists also conduct on-site evaluations to help prevent repetitive motion injuries. One recent evaluation recommended a change in posture and work-station positioning and the purchase of wrist rests and mouse trays for computer terminals to ease keyboard stress.

Sydnor is excited about the center's future. "Dr. Bevin [A. Griswold Bevin, center medical director and a plastic surgeon] and Dr. Bynum are working with us to review treatment procedures, and we're conducting functional outcome studies to determine the effectiveness of our treatments.

"We want to be more accountable to our patients and to the insurers," she adds. For more information about the UNC Hand Rehabilitation Center, please call the Carolina Consultation Center at 1-800-862-6264. □

Preventing Computer-Related Repetitive Motion Injuries

1) Do gentle hand, wrist, neck and shoulder stretches before beginning work, and intermittently during work.

2) Remove your hand from the computer mouse when not using it.

3) Take a break — get up and walk around or change activities.

4) Make sure keyboard and computer screen are aligned properly to avoid neck, shoulder and wrist strain.

5) Keep feet flat on the floor, or on a slightly raised board to relieve back and neck strain.

6) Use a chair that provides both lower and upper back support.

—K.C.N.

Study Seeks to Improve Women's Health

Researchers at UNC-Chapel Hill are participating in the largest-ever clinical trial and observational study focused on women. UNC is one of 42 centers participating in the National Institutes of Health-funded Women's Health Initiative, a $628 million investigation of diseases affecting women. The schools of medicine, public health and nursing and UNC Hospitals all are involved with the 15-year research project.

"We are very proud to be part of this project," says David S. Sheps, M.D., professor of medicine and co-principal investigator at UNC-CH. "We believe it will answer some very important questions."

"The Women's Health Initiative is seeking scientifically valid information to help women and their physicians improve overall health and to promote longer life," says NIH Deputy Director Ruth L. Kirschstein.

Two WHI goals are to recruit 63,000 postmenopausal women for a clinical trial and another 100,000 for an observational study, Sheps says. Women who wish to participate must be postmenopausal, ages 50-79. They also must plan not to move for three years. Those interested in the UNC study, which focuses on 26 central North Carolina counties, should call 1-800-580-5868. Enrollment began in February.

The clinical trial seeks to determine whether:

- low-fat diets prevent breast cancer, colon cancer and heart disease
- hormone replacement therapy prevents heart disease and fractures of thinning bones
- calcium and vitamin D prevent fractures and colon cancer

The three areas will overlap, Sheps says. "Besides the fact that this is such an important project that will follow so many patients for so long, it interests us because of its many opportunities to answer questions about cardiology, gynecology and public health issues."

The observational trial will estimate the influence of genetic, environmental and lifestyle factors on health and disease. It also will identify new "biomarkers" — such as biochemical tests and DNA markers — that predict development of heart disease, cancer and osteoporotic fractures.

Barbara Hulka, M.D., MPH, Kenan professor of epidemiology in the School of Public Health and co-principal investigator, is excited about the study. "We are all aware that in the past, there haven't been enough studies of women," she says. "As a result, the database of cause and effect [of health-related issues] is nowhere near that of men."

Heart disease is the number one cause of death of older women, Sheps notes. Other major health problems affecting women are cancer, especially breast and colon, and osteoporosis-related fractures. The last category may come as a surprise to some, but not to David Ontjes, M.D., professor of medicine and a co-investigator.

"Each year, there are 1.5 million fractures due to osteoporosis," Ontjes says. After age 50, a women has a 35 percent chance of fracture due to osteoporosis, a gradual loss of bone density and strength. The fractures themselves may be serious, as are the resulting health issues such as lengthy hospital stays and reduced mobility.

"We know the calcium and Vitamin D intake from diet for most women is less than the recommended daily amount. We also know that estrogen plays an important role in bone mass. The clinical trial will give us an opportunity to look at several therapies acting in concert," Ontjes says. "The observational study also will give us valuable information about past events — about what led up to a woman's physical condition today, including exercise and diet patterns."

UNC's participation and that of 23 other centers was announced in late September. These centers join the original 16 announced in the spring of 1993.

Studies at UNC and the other centers announced in September will allow the project to reach a more diverse population of women, especially minorities, Sheps says. To make results applicable to all women, researchers plan to ensure that at least 20 percent of participants are minority women.

While the focus of the clinical trial is women over 50, the information gleaned from it and from the observational study may well hold import for all women. "Our goal is to reduce the occurrence of heart disease, breast and colon cancer, and osteoporosis-related fractures," Hulka says. "To do so, we need to study the overall health of the population and assess the quality of life."

Other UNC researchers participating in the study are Ellen Wells, M.D., obstetrics and gynecology; Pamela S. Haines, Ph.D., nutrition; Kathleen C. Light, M.D., psychiatry; Marcus L. Williams, M.D., medicine; C.E. Davis, Ph.D., biostatistics; Etta Pisano, M.D., radiology; Ross Simpson, M.D., cardiology; Herman Tyroler, M.D., epidemiology; and Steven H. Zeisel, Ph.D., nutrition. □

If you'd like to participate in UNC's Women's Health Initiative and are:

- postmenopausal
- 50-79 years old
- planning not to move for three years

Call 1-800-580-5868.

—*K.C.N.*

[Editor's Note: UNC News Services contributed to this story.]

New, Delicate Procedures Help Infertile Couples

by Barbara J. Proujan

Every year tens of thousands of couples who desperately want to conceive a child seek help from in vitro fertilization (IVF) clinics. Until recently, most clinics only offered a few procedures to help these couples. The Reproductive Endocrinology and Fertility Clinic at UNC now offers two new procedures that may give these couples new hope. UNC is one of about 20 centers in the United States offering these specialized services.

Stan Beyler, Ph.D., an expert in micromanipulation for assisted fertilization, will provide the new services. Beyler is a clinical assistant professor in the Division of Reproductive Endocrinology.

"UNC Hospitals is truly fortunate to have Dr. Beyler join our IVF program," says William R. Meyer, M.D., assistant professor of obstetrics and gynecology in the division and director of the assisted reproductive technologies program. "His experience with micromanipulation will add an entirely new dimension to our program. We will be able to assist implantation in couples who previously failed IVF and allow fertilization in men with severely compromised sperm counts."

The two new procedures are intracytoplasmic sperm injection (ICSI) and assisted hatching.

For men, the major cause of infertility is failure to produce enough healthy sperm. "As much as 10 percent of the male population is infertile or subfertile," Beyler explains. "Oftentimes IVF alone can correct these problems just by putting the sperm in the vicinity of the egg," he says. But for those individuals not helped by this procedure, ICSI holds hope.

"With ICSI, we can take a single sperm and inject it into an egg to cause fertilization," Beyler says. "We literally only need one sperm per egg, but we try to have a few more to choose the one in the best condition." In his previous position at Beaumont Hospital, MI, Beyler performed the procedure successfully with a patient whose sperm count was only 12. "Usually the sperm count, even in IVF, is in the millions," he says.

"The procedure is not always effective," Beyler cautions, "but most clinics offering ICSI report a fertilization rate of 25 to

Intracytoplasmic sperm injection is accomplished when a single sperm is injected directly into an egg to cause fertilization. The egg is about 100 microns in size. To the left is the holding pipette, and on the right the injection pipette which delivers the sperm. (Magnification is 200x.)

60 percent." Resulting embryos, typically three to four, then are transferred to a woman's uterus after two days. "We expect pregnancy to result in about 25 to 30 percent of the treatment cycles," he says. These patients, however, have a higher risk of multiple pregnancy because of the multiple embryos transferred.

"For severe cases of male infertility, ICSI opens up a whole new avenue where the only alternative previously would have been the use of donor sperm," Beyler says. ICSI also may be of help in cases in which the male's sperm appears functional, but the female's eggs are resistant to fertilization.

For the other new procedure, assisted hatching, Beyler uses micromanipulation techniques to stabilize an embryo and create a slit in the zona pellucida, the clear shell surrounding the embryo. This process helps the embryo "hatch" out of the zona pellucida. "As in other animal species, before an embryo can implant in the uterus," Beyler says, "it has to undergo this hatching procedure."

UNC-CH has a clinical pregnancy rate of more than 30 percent in its regular IVF program. But for those couples who have been through IVF and everything has gone well, but the women have not gotten pregnant, assisted hatching may be helpful. "For couples whose embryos may have a defective zona pellucida, this is one alternative we can offer," Beyler says.

These procedures became available to patients earlier this year. Beyler hopes to add a third technique in 1996, pre-implantation genetic diagnosis, which is used to diagnose genetic diseases in embryos. This procedure particularly will be useful in diagnosing muscular dystrophy. Also, where specific DNA probes to defective gene sequences are available, such as in cystic fibrosis, disease-free embryos could be selected.

At Michigan, Beyler achieved success rates that consistently exceeded the national average for the leading IVF centers. He anticipates having similar success at UNC Hospitals. □

The ART of Reproductive Endocrinology

They came to Chapel Hill from as far away as Fayetteville, Warsaw, Winston-Salem and Wilmington. Their interest, In Vitro Fertilization: The Newer Techniques, the topic of a free evening seminar sponsored in January by the Division of Reproductive Endocrinology.

More than 100 attended to learn the latest information on assisted reproductive technologies (ART), including micromanipulation of embryos (assisted hatching), donor eggs, severe male-factor infertility, and the emotional and psychological aspects of ART.

The program was conducted by members of the highly qualified team of specialists that now composes the Division of Reproductive Endocrinology, including William Meyer, M.D., director of ART; Stan Beyler, Ph.D., an expert in micromanipulation (see accompanying story); Linda Bailey, R.N., reproductive endocrinology; Stephen Shaban, M.D., a urologist; and Robert Bashford, M.D., a psychiatrist. In addition to the seminar participants, the team includes Bruce Lessey, Ph.D., a specialist in diagnosing and treating endometriosis.

The seminar turnout is testimony to the progress made by this team, says Marc Fritz, M.D., chief of the division. "We've been in place more than 18 months now and have made some significant changes to UNC's program."

Changes include the opening of a unit dedicated solely to ART and the special needs of those patients seeking pregnancy through ART, including new andrology and embryology laboratories, and a new outpatient clinical facility in the Ambulatory Care Center.

"This is a very exciting time for us," Fritz says. "Overall, we have more than 30 professionals dedicated to providing the most comprehensive service and maintaining the highest standards of patient-oriented care."

Partners in Family Medicine

Physicians Pat Glowa and Don Kollisch can segue from the shopping list to a patient care problem and back to the shopping list without skipping a beat.

Such communication comes after 15 years of marriage and working together, first as partners in a rural New Hampshire practice for 11 years, and then as family medicine faculty at the UNC-CH School of Medicine. Glowa is assistant director of the Family Practice Center and a clinical assistant professor, and Kollisch is director of family practice medical student education and is an assistant professor.

"When you hear them discussing a difficult patient care problem, they use a verbal shorthand that really is quite efficient," says Kenneth Reeb, M.D., chair of the Department of Family Medicine.

While they work in different sections of the Family Practice Center and have different academic roles, they still regard each other as trusted consultants. "It's nice to be able to ask someone you trust a 'stupid' question," Kollisch says. "Medicine can be lonely that way. In family practice, we have to know a lot about a lot, and be confident, humble and willing to ask for help, which can be dangerous, especially in a specialized hospital."

The harmony of their relationship stems from a shared philosophy on the job and at home. "We both believe in honesty, equality, hard work, responsibility for our own actions, making things right for others and the power of caring," Glowa says. Acknowledging the impact of the '60s on their political and societal views, Glowa says, "We both got into family medicine because it seemed like a wonderful place to serve people."

Sharing those values made Kollisch and Glowa realize they were a good match when they met during residency at Highland Hospital in Rochester, NY. "Within two weeks, we knew we had something substantial in our relationship," Kollisch recalls. "We also had in common undergraduate majors in English, although mine was in English and physics." Having the same residency train-

Glowa and Kollisch consult at the Family Practice Center.

Photo by Will Owens

ing also has given them similar approaches to practicing medicine.

"A big part of clinical education and training is the idea of role modeling — the art of medicine taught in a mentoring fashion," Reeb says. "Kollisch and Glowa are individual faculty members and yet also a couple. It's useful for male and female residents to see how a couple can share responsibilities for taking care of patients and balance personal and professional lives. They are quite open about sharing how they do this.

"Kollisch and Glowa came from a rural practice — one of the big needs in North Carolina," Reeb notes. "There is an assumption that women are less likely to go into rural practice, so it's useful to have a couple — a woman — who has had real-life rural experiences, including obstetrics, which is an important part of rural medicine and family practice. She demonstrates the ability to maintain the role of mentor, wife and mother and to handle the unpredictable demands of OB."

Reeb emphasizes the importance of obstetrics experience for family practice residents. "Nearly 40 North Carolina counties don't have adequate OB care, and 20 don't have any physician delivering babies. Smaller communities have difficulty supporting enough obstetricians to cover each other, so it's difficult to get access to prenatal care in these areas."

Glowa, who has degrees from Harvard and McGill universities, and Kollisch, who has degrees from State University of New York and Massachusetts Institute of Technology, are two of a small number of family physicians in the area who include obstetrics in their practice.

Focusing her interests on maternal and child health issues, Glowa has spearheaded kindergarten health screenings, served as a child abuse examiner and teaches residents how to interview female patients for possible abuse. She also is involved with community efforts to offer low-intervention child birth and teaching residents natural subtleties of birthing.

"She puts her own personal community-oriented spin on her teaching," says Reeb, who notes that Glowa has benefited from the department's faculty development program — one of only a few such programs in the nation to train family practice professors.

While Glowa's experience has been primarily clinical, Kollisch developed the primary care clerkship and curriculum at Dartmouth Medical School while continuing to practice with his wife in New Hampshire. "I was one of two doctors in the country practicing community medicine yet running a clerkship." He also developed methods for doing research in private physicians' offices. "Outpatient research more accurately reflects the range of patients seen in primary care than in specialized clinics," Kollisch says.

Hoping to become more successful in recruiting primary care physicians to rural areas and wanting to teach full-time, Kollisch thought he could accomplish both goals at UNC-CH. And, besides, Glowa chose their first professional joint venture in private practice in New Hampshire. "It was his turn," she says.

Since coming to Chapel Hill in 1991, Kollisch designed the family practice clerkship for medical students, and students have rated it the best clerkship all three years. He also has been working with the Area Health Education Centers to reach out to physicians' offices to provide clerkship training and to find ways to place primary care physicians in underserved communities.

While they have their own particular interests, Glowa and Kollisch enjoy examining family dynamics and relating emotional and physical problems. "We continue to see that the core professional challenge is to improve skills of interviewing patients about their response to illness and the illness' response to their emotional state. We want to find out what social factors have contributed to their illness, including poverty, past trauma, stress from family, work or society. Family medicine is not boring."

At home, as at work, Glowa and Kollisch are individuals as well as a couple. "He likes to write; I do pottery; we both cook and take care of the kids; and we don't do windows," Glowa says. Their kids include a foster daughter, 16, and two daughters ages 14 and 11.

"We work hard at being equals, but neither of us is keeping a ledger sheet. We are committed to pulling our own weight and respecting each other's job. We agree how the kids ought to be raised and the values they should acquire along the way. Our relationship is complementary, and it works," Glowa summarizes. "In reality, the process of working together made it easier to live together and vice versa."

Kollisch says, "A lot of people along the way have asked 'are you sure your marriage can handle working together?' Pat is the most interesting person I know; who better to spend so much time with?" □

—*C.A.T.*

Delivering the 'Best Possible' OB Process

While UNC health care professionals, architects and engineers are designing new, family-friendly children's and women's hospitals (see article page 6), another team is working to ensure the new facilities will offer mothers- and fathers-to-be and their babies the best possible care before, during and after birth.

"What we're seeing is a move toward making a normal birth an outpatient procedure," says Nancy Schanz, Hospitals assistant director of operations. "Right now, normal vaginal delivery without complications is a high-volume, high-cost procedure at UNC Hospitals. Under managed care, our challenge is to reduce costs while making sure moms and babies have good experiences and good outcomes."

Pat LaFountain, R.N., nurse manager in Labor and Delivery, agrees. "We want to make the process of having a baby at UNC more customer-responsive."

Photo by Alex Treml

Michael McMahon, M.D., talks with Kimberly and Jay Rich of Graham about their newborn son, Cody, whom McMahon delivered.

LaFountain and Schanz are members of a Continuous Quality Improvement (CQI) team reviewing the entire obstetrics process, from the first time the mother-to-be comes in for a pre-natal exam through her first week at home with the new baby.

"No one has ever really looked at the whole system that's involved here," says Schanz. "It involves physicians, nurses, pharmacists, social workers, patient educators and many others."

Michael McMahon, M.D., clinical instructor in obstetrics and gynecology, credits Robert C. Cefalo, M.D., chief of Maternal-Fetal Medicine, with his involvement in the team.

"Dr. Cefalo asked if I was interested, and I jumped at the chance to participate, especially since I'm interested in outcomes research, looking at what we do and whether it makes a difference in patient care," says McMahon, who is pursuing a master's in public health with a focus on epidemiology. "We have to be able to justify what we do. That means getting hard data.

"It also means we must be willing to sit down and listen to everyone involved in the OB process," he says. He views the team "as a great opportunity, from the clinician's perspective, to understand the entire process. It's important to have all the different players work together to understand every piece of the puzzle."

One "piece of the puzzle" is room and board costs, which represent 80 percent of costs associated with normal delivery. "So length of stay is one important element of reducing costs," says Schanz.

The team learned that in 1993-94, 46 percent of OB patients went home within one day, and 46 percent went home within two days. Why do some women stay two days? It may be because of excessive bleeding or some other medical problem.

But it also may be for a relatively simple, non-medical reason. The parents may not have decided what to name the baby. No name means an incomplete birth certificate. What patients and staff may not know is that the birth certificate doesn't have to be completed in the hospital.

Sometimes moms don't go home because they have no transportation, or because there is no phone in the home for hospital staff to check on the baby. "These are important issues, but they are issues that, with planning, can be taken care of much farther upstream," Schanz says.

Patient education is another important issue for the team, Schanz notes. "The team has discovered that new moms are inundated with information once they've had their babies, which is not a good time to absorb that information. We're looking at the possibility of making more education material available during clinic visits."

McMahon is excited about the team's work. "CQI is really about making the system more efficient. It's a way of taking control of the processes and making them better so that we provide high-quality, cost-effective care for our patients."

At press time, the OB Process CQI team was preparing its recommendations. □

—K.C.N.

Relieving Chronic Pelvic Pain

Debra Brown*, 40, experienced severe back, leg and pelvic pain following a miscarriage in April 1990. In August 1993, she was referred to John F. Steege, M.D., chief of gynecology at UNC-CH. The care she received at UNC, she says, has made her a new woman.

"After three years of pain, I had gotten to the point where I'd become hysterical if I had a pelvic exam because the pain was so bad," Brown says. She walked with a limp and was in so much pain she could not cross her legs.

"I was afraid I had something terrible and that I was going to die," she recalls. "It took all my energy just to keep my job."

Steege diagnosed her problem as chronic pelvic pain, a condition that affects 7 to 15 percent of all women. But while the condition itself is relatively common, he notes, "there is no typical chronic pelvic pain patient." Symptoms range from mild discomfort associated with sexual intercourse to episodic pain during the menstrual cycle to constant pain. Patients also may have bowel or bladder dysfunction, as well as pelvic adhesions, benign fibrous growths, chronic vaginal infections and irritations. "There may be contributing factors from other organs or the muscles in the pelvic area," Steege says.

The chronic pain may lead to psychosocial problems, including anxiety disorders, depression and sexual dysfunction, notes Steege, who has studied pelvic pain for the past 15 years.

A comprehensive evaluation is key to determining appropriate treatments, Steege says. Patients are seen in the pelvic pain clinic in the Ambulatory Care Center. Last year, the clinic saw 200 new patients and 500 returning patients.

"At the clinic, physicians and a nurse with psychiatric training conduct a thorough evaluation during the patient's first visit. We use information from that evaluation to determine the appropriate treatment options," says Steege.

Those options include drug therapy, such as anti-inflammatory agents, analgesics and antidepressants; physical therapy; exercise and biofeedback. In severe cases, surgery may be required. Psychiatric counseling also may be recommended.

"We work closely with physicians in other UNC pain clinics, especially anesthesiology and neurology, to develop the best treatment plan for the patient," Steege says. "We also work with the patient and her family to help them understand that treatment and rehabilitation take time to work through the various components of the syndrome. There is no 'instant relief.'"

Brown had endometriosis, a condition in which pieces of the lining of the uterus are found in other pelvic areas, and musculature problems. Steege recommended physical therapy and bowel management. She worked with a physical therapist in Rocky Mount for a year. She also saw a psychologist. At the end of 1994, when her pain was reduced but not gone, she had a hysterectomy.

Brown notes that her problems began with a loss — the miscarriage — and ended in a loss — the hysterectomy. "Dr. Steege also helped my husband and me accept that. But more importantly, Dr. Steege made my life pain-free. After four years of pain, you have to learn how to get back into life," she says. "I still have problems with my energy level, but I'm doing a lot of things I was unable to do when I was in pain!" □

—*B.J.P.*

*Not her real name

'Mini-Laparoscope' Offers Smaller Incision, Less Discomfort

Laparoscopy — insertion of a small scope into the abdomen — is a common procedure used to examine the pelvic area for endometriosis, fibroid tumors and other problems. It usually is performed under general anesthesia. "If the procedure reveals pelvic pathology, including that associated with chronic pelvic pain, we can treat it right then," says John F. Steege, M.D., chief of gynecology.

Steege has pioneered the use of a smaller instrument, the "mini-laparoscope," that offers several advantages over the conventional laparoscope. "The mini-laparoscope is one-sixth the size of a standard one," says Steege. "Because it is so small, it is less invasive, allowing us to perform the procedure in the clinic under local anesthesia."

Mini-laparoscopy, combined with vaginal ultrasound, is being investigated as a means of visualizing pelvic adhesions, which often are seen in women with pelvic pain.

"Using the mini-laparoscope has worked well so far," Steege says. "We hope the technique will become a useful, generally applicable clinical method for evaluating pelvic lesions. It also holds promise as a less invasive and less uncomfortable way to evaluate the success of various surgical approaches to removing adhesions and adhesion-prevention agents."

Development Notes

Loyalty Fund Continues to Grow

Unrestricted alumni giving to the medical school, through annual support of the Loyalty Fund, continued to be strong through the first six months of fiscal year 1994-95 (July 1-Dec. 31).

As of Dec. 31, 1994, support of the Loyalty Fund was up in every area:

- Cash received was up 20 percent, totaling $280,000, a $47,000 increase over last year.
- The number of Loyalty Fund Associates, leadership givers of $1,000 or more, increased from 131 to 155.
- The participation rate increased from 16 percent to 17 percent.

"I'm extremely encouraged and pleased by the early results," said John Foust, M.D. '55, national chair of the Loyalty Fund. "I think this shows how much our alumni care about their alma mater. It is a tribute to the hard work and leadership skills of reunion and regional campaign chairs and committee members.

"Participation is still the key figure I focus on. It is my goal to achieve 50 percent participation by UNC medical alumni in the Loyalty Fund, and be comparable to other area medical schools."

"Alumni unrestricted gifts make a real difference at the medical school," said Bill Easterling, M.D. '56, associate dean for continuing medical education and alumni affairs. "Through the continued and increased generosity of our medical alumni, the Loyalty Fund supports important student, faculty and alumni programs where there is not other money available.

"The major beneficiaries have been student scholarships, the Medical Alumni Endowment Fund and the Health Sciences Library. As the Loyalty Fund continues to grow, the positive impact of the Medical Alumni Association and the campus presence of all alumni will be even more pronounced."

Novich Professorship in Sports Medicine Endowed

The Max M. Novich, M.D., Distinguished Professorship of Sports Medicine at the School of Medicine was celebrated with a reception and dinner in October. The professorship was initiated in 1987 through gifts from Dr. Novich and his wife, Jean.

Timothy N. Taft, M.D., an orthopaedic surgeon, is the first Novich Distinguished Professor of Sports Medicine. The longstanding goal of Dr. and Mrs. Novich is to permanently endow a professorship to benefit medical education and sports medicine at UNC for generations to come. The Novich Professorship assures this goal will be met in perpetuity.

"We are honored to have this endowed teaching position as a tribute to the interests and achievements of Max Novich," said Stuart Bondurant, M.D., dean emeritus of the medical school. "Endowments help assure the future excellence of medical education, and the Novich professorship will provide important new opportunities for UNC-CH faculty and students interested in sports medicine."

Novich, of Edison, NJ, attended UNC-CH and the medical school, graduating with a Certificate of Medicine in 1939. He completed his medical degree at the Louisville Medical College and his residency in orthopaedic surgery in Newark, NJ.

During his college years, he was a champion amateur boxer and captain of the UNC varsity boxing team. This interest led him into pioneering work to promote the medical aspects of boxing safety and to a notable career as a ringside physician.

Novich is a member of the medical board of the Olympic Boxing Commission, the World Boxing Association, the National Amateur Athletic Union, the Golden Gloves Committee and the World Boxing Hall of Fame. "He is widely acclaimed as the 'dean' of sports medicine," Bondurant said.

Gifts for Mayer Fellowship Fund

Gifts continue to come in to support the Eugene S. Mayer, M.D. Fellowship Fund, honoring the memory of Mayer, who served as associate dean and director of the Area Health Education Centers Program for nearly 20 years. He died in November after a short battle with cancer.

The endowment will serve as a permanent recognition of Mayer's lifetime achievements and interests. It will encourage full-time AHEC faculty from across the state to consider participating in four-week educational study programs in the United Kingdom.

Individuals wishing to make contributions to the Mayer Fellowship Fund may send them to The Medical Foundation of North Carolina Inc., 880 Airport Road, Chapel Hill, NC 27514. Please indicate that your gift is for the Mayer Fellowship Fund.

Parker Professorship Update

More than $700,000 in gifts and matching state funds has been raised toward the $1 million goal for the John C. Parker Distinguished Professorship in Medicine. Parker, Kenan professor of medicine at the School of Medicine, died in November 1993. He was well-known for seminal research in red blood cells, exceptional teaching and compassionate patient care. The professorship can be activated in December 1995.

Medical Foundation Pushes Past Bicentennial Campaign Goal

The Medical Foundation has surpassed its unit goal of $47 million as part of the University-wide $400 million goal for the Bicentennial Campaign for Carolina.

"We are excited about the response to this campaign," said Jim Millis, chair of the

Photo by Will Owens

Dean Michael Simmons, M.D. (left) and Jim Millis, chair of the Medical Foundation board of directors and Bicentennial Campaign Steering Committee.

Medical Foundation board of directors and the Medical Foundation Bicentennial Campaign Steering Committee. "It shows the continuing commitment of alumni, faculty and friends to this great school."

There are still some unmet campaign needs, Millis noted, including endowed professorships, funds for the UNC Lineberger Comprehensive Cancer Center expansion, and other programs of the School of Medicine and UNC Hospitals. The campaign deadline is June 30, 1995. All gifts and pledges received before that date will be credited to the goal.

First Endowed Chair Established in Plastic and Reconstructive Surgery

W. Thomas Lawrence, M.D., chief of plastic and reconstructive surgery, has been appointed the Ethel F. and James A. Valone Distinguished Professor of Plastic and Reconstructive Surgery. The Professorship was established in 1994 with funds donated several years ago by James A. Valone, M.D., a plastic and reconstructive surgeon from Raleigh, and his wife. Valone is on the board of directors of The Medical Foundation of North Carolina Inc.

Lawrence joined the faculty in 1985, and has been division chief since 1992.

Ficklen Fund Honors Pillsbury

Jim and June Ficklen of Greenville have given $100,000 to establish the Ficklen Pillsbury Research Fund. Jim Ficklen, a 1946 graduate of UNC-CH, is a patient of Harold C. Pillsbury III, M.D., chief of otolaryngology/head and neck surgery. The fund was named for Pillsbury to honor him for the excellent care he provides. The fund will enhance research and advances in the treatment and prevention of ear, nose and throat diseases and disorders.

Skinner Dermatology Professorship Established

The Louis C. Skinner Jr., M.D. Distinguished Professorship of Dermatology has been established. Skinner, a retired Coral Gables, FL, dermatologist, has generously provided $500,000 through a charitable remainder trust to establish the permanently endowed professorship. Born in Greenville, NC, Skinner is a 1936 graduate of UNC-CH and received his medical degree from Johns Hopkins. He practiced dermatology until his retirement in 1988 and is a world-renowned expert on food and wine.

Stackhouse Continues Financial Support of Burn Center

Goldsboro businessman John Stackhouse, credited by many as the one person most responsible for establishing the North Carolina Jaycee Burn Center at UNC Hospitals, has donated $300,000 and pledged an additional $200,000 to the Burn Center Campaign Fund.

Stackhouse, retired founder and president of the Goldsboro electrical contracting firm that bears his name, made an initial $50,000 pledge in 1972 that challenged UNC and private donors across the state to build the Burn Center. That gift, plus Stackhouse's personal energy and involvement "...loosed a landslide of support across North Carolina for this program," said Eric B. Munson, Hospitals executive director.

"Johnny Stackhouse, more than any other individual, was responsible for building grassroots support for the Burn Center — from individuals, civic clubs, industries, fire departments, church groups and, importantly, Jaycees across North Carolina," Munson said. "That work has provided an important philanthropic foundation for what is now the finest burn center in this part of the country."

Dean Michael Simmons added "...I had heard of Mr. Stackhouse and his generosity even before I came to North Carolina, in the context of acclaim for the internationally respected burn care program he helped launch in Chapel Hill. To say that we at UNC are grateful for this gift is an understatement. In fact, everyone in North Carolina who is at risk for burn injury should be both grateful for his gift and proud of the center it helps support."

The center, named the North Carolina Jaycee Burn Center in recognition of support provided through earnings from Jaycee jelly sales, includes 23 state-of-the-art burn care beds, plus active programs in burn research, burn care education and burn prevention. More than 300 patients are admitted to the NC Jaycee Burn Center annually.

News Briefs

Computer Provides Rapid 3-D Radiation Treatment Planning

UNC Hospitals is the first in the state to acquire a new computer and software program designed to improve and enhance treatment of patients with brain tumors and other brain lesions. "The system allows for quicker, easier treatment planning than previously was possible, even for the most complex cases," said Bradford B. Walters, M.D., associate professor of surgery. "With the old system, it was very time-consuming to do radiation treatment planning."

The new software will be used for stereotactic radiosurgery, a nonsurgical, noninvasive method of treating brain tumors and other lesions. In stereotactic radiosurgery, X-ray beams are aimed accurately to produce a high treatment dose at a desired target in the body. "Stereotactic radiosurgery particularly is beneficial for patients with lesions deep in the brain or with lesions located close to critical structures such as the eyes," Walters said.

"With this new treatment planning software, we have a powerful 3-D computer graphic workstation that allows us to calculate and optimize the radiation dose that each patient receives," he said. "This lets us easily focus on the target area, while having very little radiation exposure to the healthy brain." The precise radiation planning provides near-total destruction of the brain lesion, without having to perform invasive surgery, he added.

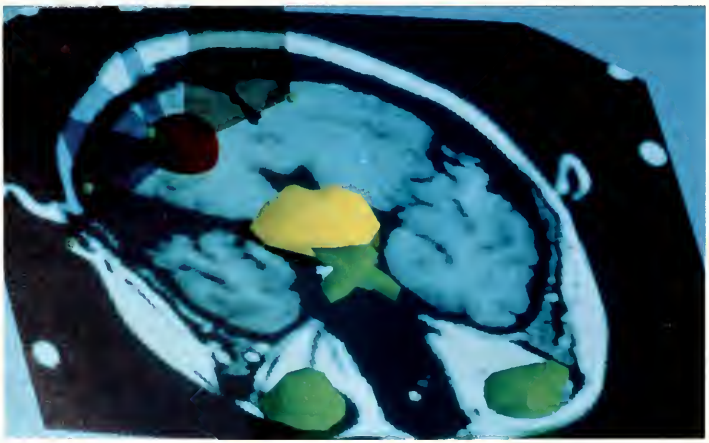
Breakthrough Treatment Aids Sickle Cell Patients

A drug known as hydroxyurea, taken regularly, cuts in half the number of painful crisis attacks experienced by patients with sickle cell anemia, according to research conducted at 21 U.S. medical centers.

"This is a tremendously important finding," said Eugene P. Orringer, professor of medicine and director of the Verne S. Caviness General Clinical Research Center. "We have spent years searching for something that would be of help to these patients.

"For the first time, we are now convinced that we have identified a treatment that is both safe and effective," said Orringer, who led UNC's part in the multi-center drug trial. He and his staff enrolled 20 of the study's 299 adult patients.

New 3-D computer graphics improve treatment planning for brain tumors and arteriovenous malformation.



New Drug Combination Helps Fight AIDS Virus

When taken with the drug AZT, a new drug known as 3TC helps fight the virus that causes AIDS significantly better than AZT alone, according to a new study.

Researchers found marked decreases in human immunodeficiency virus (HIV) levels in patients' blood and increases in CD4 lymphocytes — the essential disease-fighting cells most infected and affected by HIV.

Joseph Eron, assistant professor of medicine, reported the findings at the American Society for Microbiology's Second National Conference on Human Retroviruses and Related Infections in Washington, D.C. on Feb. 1.

"This study is important because it shows combining AZT and 3TC reduces the amount of virus in the blood to a much greater degree than AZT alone," Eron said. "It also is significant because reduction of the virus was persistent for at least 24 weeks, and longer in many patients."

"Developed by Glaxo, 3TC is an investigational drug for treating HIV infection. The company plans to file for FDA approval later this year. AZT, also known as zidovudine, was developed by Burroughs Wellcome Co. and is the standard approved drug for controlling AIDS.

Chatham Hospital Receives Renovation Grants

The Duke Endowment and the Kate B. Reynolds Charitable Trust have awarded Chatham Hospital in Siler City $215,000 and $191,255, respectively, for renovating and equipping a new emergency room facility.

The project, which is scheduled to be completed by August 1995, will include renovating a 3,500-square-foot area of the hospital to provide a larger and better-equipped emergency facility. The emergency room treats about 8,000 patients a year.

"The main purpose of the project is to increase the availability of health care services to area residents," said Ted Chapin,

Chatham Hospital administrator. "In rural communities such as ours, where there is a shortage of primary care physicians, a large number of patients use emergency room services as their main source of health care. The new emergency facility will allow us to expand our health care delivery system to meet the needs of an underserved population."

When completed, the emergency room will be staffed full time by family physicians who have joint appointments as clinical faculty at the School of Medicine and who also will operate a primary care outpatient clinic in the community.

"The grants from the Duke Endowment and the Reynolds Charitable Trust move us one step closer to our mutual goal of providing more accessible health care to the local community and to providing a resource for training health care professionals in a rural setting," said Eric B. Munson, UNC Hospitals executive director. UNC Hospitals and Chatham Hospital collaborated on the grant applications.

The UNC medical center plans to train third- and fourth-year medical students and family medicine residents at Chatham Hospital and at the new outpatient facility run by the emergency room's family physicians.

"The UNC medical center hopes that clinical experience in a rural community will encourage more doctors to practice in North Carolina's underserved areas," Munson said. "The premise is that if you train residents in a small town, they're more likely to stay in a small town. This could have very positive long-range results for Siler City and other communities throughout the state."

Cancer Center Expands

The UNC Lineberger Comprehensive Cancer Center held a ground-breaking ceremony in November to mark the initial phase of construction to expand the center into one of the nation's largest university-based cancer research facilities.

The $18 million expansion of 41,000 square feet will double the size of the existing facility. Construction will take place in two phases. The first, scheduled for completion in late 1995, includes space for administration, and the cancer control and prevention program. The second, targeted for completion in 1997, will house clinical research and basic scientific research laboratories.

The new facility will house the center's nationally known program in cancer prevention and control, and create new lab space for research in cancer genetics, molecular therapeutics and gene therapy. The expansion also will include a library, a conference and board room, and faculty and administrative offices.

The center also has been awarded an $11.3 million grant from The National Cancer Institute, and will receive $2.25 million in the first year of the five-year renewal grant.

"The grant is funded for 25 percent over our previous level, a sign of NCI's confidence in our expanding potential, and it gives us means to develop and perfect our cancer research programs," said Joseph S. Pagano, M.D., center director and principal investigator for the grant.

Zollicoffer Lecture Addresses Health Care Reform

"It's not Marcus Welby, M.D., anymore. It's more like Marcus Welby Inc. or Consolidated Welby Corp.," said Mark Smith, M.D., referring to recent changes in health-care financing systems in the United States. That's just one of the topics Smith, a 1983 alumnus of the UNC-CH School of Medicine, addressed during "Health Care Reform: The Long View," the 1995 Lawrence Zollicoffer Lecture on Feb. 17.

Smith is executive vice president of the Henry J. Kaiser Family Foundation and assistant clinical professor of medicine at the University of California at San Francisco. He completed an internal medicine residency at UCSF. He was a Robert Wood Johnson Clinical Scholar and completed a fellowship in general internal medicine at the University of Pennsylvania School of Medicine. He also holds a Master's in Business Administration from the Wharton School.

Photo by Will Owens

Mark Smith, M.D.

While a medical student, Smith was a John Motley Morehead Fellow and received the Ciba-Geigy Award for Community Service. Smith has served as analyst for the Physician Payment Review Commission, executive director of the Philadelphia Commission on AIDS, special advisor on AIDS to the governor of Pennsylvania, and associate director of the AIDS Service at Johns Hopkins University School of Medicine.

The Zollicoffer lecture was established in 1981 by members of the UNC-CH chapter of the Student National Medical Association. It is named in honor of Dr. Lawrence Zollicoffer (1930-1976), the fourth black graduate of the UNC-CH School of Medicine. Zollicoffer was one of the founders of the Garwyn Medical Center in Baltimore. He also was recognized widely as a civil and human rights activist.

The lecture honors the memory of Zollicoffer, commemorates more than 30 years of minority presence in the UNC-CH School of Medicine, enhances the awareness of minority issues within the medical school, and exposes the student body to dynamic minority role models in the field of medicine.

Photo by Dan Sears, UNC-CH News Service

From left, Timothy, David and Aaron Choquette.

State's First Live-Donor Lung Transplant

On Dec. 7, UNC physicians successfully performed the state's first bilateral-lobe lung transplant from living related donors. The recipient, Timothy Choquette, 27, of Carrboro, went home Feb. 3. Choquette's brothers, David L. Choquette, 38, of Carolina, Puerto Rico; and Aaron W. Choquette, 36, of Mount Dora, FL; donated a lower right lobe and a lower left lobe, respectively, to their younger brother. "This is a relatively new approach to the organ donor shortage," said Thomas Egan, M.D., associate professor of cardiothoracic surgery and director of lung transplantation at UNC Hospitals. Other physicians involved with this landmark transplant success were Michael R. Mill, M.D., associate professor of cardiothoracic surgery and director of transplantation services, and Frank Detterbeck, M.D., assistant professor of cardiothoracic surgery.

Diabetes Care Center Coordinates Services

The new UNC Diabetes Care Center provides coordinated, comprehensive and cost-effective health care to patients with diabetes mellitus.

Under the leadership of John B. Buse, M.D., Ph.D., associate professor of medicine, the center takes a team approach to treating people with diabetes by ensuring that patients meet with a physician, nurse and staff dietitian. The center also is an educational resource for physicians, allied health professionals, students and the general public.

"Although diabetes is a chronic disease, the good news is that with proper diabetes care — diet, exercise, medications (if necessary), stress management and careful screening — the vast majority of people with diabetes can live normal lives free of complications," Buse said.

For more information on diabetes or the UNC Diabetes Care Center, please call the Carolina Consultation Center at 1-800-862-6264.

Parental Treatment of Childhood Illness Has Life-Long Impact

Parents can help their children develop a healthy perspective on illness with long-lasting results, suggests a recent study led by William Whitehead, Ph.D., research professor of medicine.

The study determined that parents' treatment of sick children is reflected in the health of those individuals as adults. Results may help prevent some common health complaints and also provide more appropriate methods to treat some patients. The study appeared in the November-December issue of *Psychosomatic Medicine*.

"This research adds to the body of evidence suggesting that childhood learning plays a role in the frequency of symptoms, the number of disability days taken and the number of health care visits made by children when they grow up," Whitehead said.

The investigators found that women whose parents gave them special treatment when they were sick, such as buying them a toy or giving them ice cream, had more health complaints as adults. Also, the parents' own coping strategies for illness influenced the later health of the study subjects.

"Parents, out of a real concern to be sympathetic and helpful, often are more indulgent than they mean to be," said Whitehead, who also is co-director of the Center for Functional Gastrointestinal Disorders at UNC-CH. "The unintended result is that their children may grow up to be more likely to report illness symptoms than other people do."

Enhanced MRI May Help Brain Trauma Patients

Investigators at the School of Medicine are among only a few worldwide who are redefining how magnetic resonance imaging, MRI, could better help trauma patients. They are the only group using the technique to investigate new brain trauma therapies.

"We are trying to push the frontiers of the technique to help us understand the mechanisms of diseases, particularly those associated with central nervous system trauma," said Craig A. Branch, Ph.D., assistant professor of biomedical engineering.

"We are attempting to use MRI to measure physiological processes rather than just changes in anatomy, which it currently is used for," he said. "This includes measuring blood flow in the brain, permeability of brain capillaries and arteries, and blood volume."

Although still in the experimental stages, such uses for MRI have many advantages compared with the current procedures, which use radiation or radioactive compounds. "Those techniques are associated with some risk to the patient, and the studies can be very time-consuming," Branch said.

Conversely, the MRI techniques under development are noninvasive and easy to repeat. "The techniques we are developing will permit very high-resolution measurements of blood flow, in 10-minute intervals, allowing us to rapidly follow changes after a traumatic event," he said.

Computer Mapping Improves Accuracy in Corneal Surgery

After wearing contact lenses for 19 years, Katherine Williams of Durham experienced various problems and had to resort to wearing glasses because of her nearsightedness and astigmatism. "Wearing glasses made me miserable, and I did not see very well," she says. She decided to have a radial keratotomy, a type of eye surgery now offered at UNC Hospitals.

Williams was the first patient at UNC Hospitals to undergo the procedure. While examining her during a follow-up visit, Kenneth L. Cohen, M.D., her surgeon and a professor in ophthalmology, determined she was healing well and that her vision was improved.

Radial keratotomy is an outpatient procedure which helps improve vision in people with mild to moderate myopia, or nearsightedness. Often after surgery, people no longer need corrective devices, or can see well with a weaker prescription.

Photo by Will Owens

Kenneth L. Cohen, M.D., examines Katherine Williams as Field Willingham looks on.

Nearsightedness is among the most common of eye problems, affecting about 25 percent of adults in Western countries. The shape of a nearsighted person's cornea, the clear tissue covering the eye, causes images to focus in front of the retina instead of on it. Radial keratotomy is a series of tiny surgical slits made in a spoke-like pattern at a very precise depth and location on the cornea. "When the incisions heal, the cornea is flatter than before, better focusing the light rays," Cohen says.

In the last few years, significant improvements in the surgical technique and in the instruments used prompted UNC to offer radial keratotomy. Cohen underwent special training in both the technique and the use of the instruments. The surgery is performed with an extremely thin, sharp diamond blade knife. "The knife has been designed to allow a more uniform incision," Cohen says.

To correct astigmatism, he uses another new knife to perform arcuate keratotomy. Astigmatism occurs when the normally round cornea becomes football-shaped. Williams had this procedure done too.

Before performing radial keratotomy, Cohen and Field Willingham, research and surgical assistant, use topography to produce a map of the surface of a patient's cornea. From this, Cohen determines where to make the incisions. UNC Hospitals is one of only two sites in the United States with a computer system that provides improved accuracy of corneal topography.

"How well a patient does depends on how nearsighted the person is," Cohen says. "The higher the myopia, the lower the chances for getting functional vision without glasses. But of the patients who have undergone the procedure elsewhere, 90 percent have their uncorrected vision (what they can see without contacts or glasses) changed to 20/40, which is the legal criteria for driving. The others have improvement, but it is not as great."

The procedure takes about 30 minutes for both eyes and the patient receives a topical anesthetic and a sedative beforehand. Typically patients experience pain for about the first 24 hours, and are given a painkiller and sleeping pills.

"Patients typically notice visual improvement immediately, which stabilizes three to four weeks after surgery," says Cohen. Williams noticed a difference in her vision the day after her surgery. "I still wear my glasses at night, particularly when I am driving." This is typical, Cohen notes, as everyone is more nearsighted at night due to the presence of more blue light, which has a shorter wavelength and makes it harder to see.

Williams is pleased with her improved vision but will undergo a second procedure to see even better. "Because the surgery is done conservatively, up to 30 percent of patients need a second operation to have the vision they want," Cohen says.

"I was not at all nervous about the surgery, and I would definitely recommend it for people who want to improve their vision," adds Williams.

While most nearsighted people are in the acceptable range for surgery, not everyone is a good candidate for radial keratotomy. "It is very individual and you need to have a complete ophthalmologic examination to be evaluated," Cohen says.

For more information about radial keratotomy or to make a prescreening appointment, call the Carolina Consultation Center at 1-800-862-6264. □

—*B.J.P.*

Faculty Notes

Jaroslov Hulka, M.D., professor of obstetrics and gynecology, received the 1994 Society of Laparoendoscopic Surgeons EXCEL Award. The award recognizes surgeons who have made outstanding contributions to laparoscopy, endoscopy and minimally invasive surgery.

Hulka

In March 1994, the U.S. Food and Drug Administration re-approved manufacture of the Hulka clip, a tiny contraceptive device resembling a clear plastic clothespin with teeth. The clip closes off the fallopian tubes to block sperm and prevent pregnancy. This procedure is the most reversible form of sterilization in the world. The device, invented and patented at UNC-CH by Hulka, has been used safely and effectively in the U. S. and other countries.

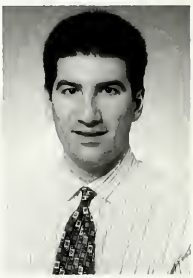
The **Peter Lars Jacobson** Award in medical journalism has been established at the UNC-CH School of Journalism and Mass Communication. The award honors Jacobson, a Pinehurst neurologist who has been instrumental in creating this area of study in the school. The first Jacobson award of $500 will be presented in April 1995 to the journalism-mass communication student who writes the best medical story.

In addition to running his private practice, Jacobson is Moore Regional Hospital's director of neurology and past chair of its department of neurology and medicine. He has served as a clinical professor in the Department of Neurology at the School of Medicine.

Stanley M. Lemon, M.D., professor of medicine and of microbiology and immunology, served on a nationally convened panel at the National Institutes of Health Consensus Development Conference in Bethesda, MD.

The panel discussed how blood should be tested for transfusions, the effectiveness of current tests to ensure safety, and the cost-effectiveness of duplicate testing. Members of the panel included specialists from hematology, cardiology, transfusion medicine, infectious diseases and nursing, and representatives from the public.

Joseph M. Bebchuk, M.D., research fellow in the Department of Psychiatry, won the best scientific poster award in the 44th annual Canadian Psychiatric Association meeting in September. His poster showed UNC-CH research aimed at understanding how antidepressants work in the treatment of depression.



Bebchuk

Larry Churchill, Ph.D., professor and chair of the Department of Social Medicine, has written a book, "Universal Health Care:

New Anesthesiology Chair Brings Generalist, Specialist Perspectives

Philip G. Boysen, M.D., hasn't yet learned to be in two places at once, but he's working on it. As the new chair of anesthesiology, Boysen divides his time among teaching, research and administrative duties, yet still spends hours in the operating room.

Boysen

It's the kind of challenge this Navy-trained physician enjoys. "Anesthesiology is a very demanding field. You have about 15 minutes to build rapport with a patient who may have had a life-long relationship with a primary-care physician," Boysen explained. "In that 15 minutes, you have to create complete confidence and trust."

Boysen started his medical career as an internist and flight surgeon, training at the Naval Aerospace Medical Institute in the School of Aviation Medicine in Pensacola, FL. An interest in respiratory physiology and inhalation injuries led him to a fellowship in pulmonary medicine and a second residency in anesthesiology. He's spent the past 10 years practicing operating-room anesthesia for surgical intensive care cases.

Given his background in both primary and specialty care, it's not surprising that Boysen would like to see the role of the anesthesiologist expand to include more patient care, "but the pressure has been to stay in the operating room."

More well-informed patients are changing that. "We're seeing patients who want to know more about their anesthesiologists. The real 'art' of what anesthesiologists do is being emphasized in pre-operative evaluations, post-operative care and critical care."

Boysen also sees changes in the education and training of future anesthesiologists, stemming primarily from the push to train generalist physicians. "I want to take our program and decide how many students and residents we can educate and train well," he said. "For many years there was a shortage of anesthesiologists. For the most part, that was corrected in the '80s."

Why Well-Insured Americans Should Support Coverage For Everyone." It suggests that all Americans would benefit from universal coverage. Churchill's former book, "Rationing Health Care in America," also discusses the controversial issues surrounding universal health care coverage.

George F. Sheldon, M.D., chair of the Department of Surgery and president of the American Surgical Association, recently welcomed approximately 175 top surgeons from the U.S. and Canada to the ASA's Mid-Winter Council Meeting and President's Dinner, held this year in Chapel Hill. The ASA, founded by Samuel D. Gross in 1879, is the oldest scientific and honorary surgical organization in the U.S. It meets annually to hear papers presented on current surgical practices and research. The Bicentennial Observance Committee designated this meeting as an official Bicentennial event. Sheldon recently received an appointment to the prestigious Royal College of Surgeons in Edinburgh, Scotland.

Sheldon

Jacqueline C. Resnick, faculty development specialist in the Department of Family Medicine specializing in maternal and child health, gave a presentation at the national meeting of the American Association of Medical Colleges Minority Faculty Development Seminar in October in Washington, D.C. The day-long session focused on the research process, including the development of questions, grant proposal writing, ethics and collaboration.

Resnick

Thomas R. Griggs, Robert A. S. Roubey and Harold R. Roberts, M.D.s, participated in the 40th annual meeting of the Scientific and Standardization Committee of the International Society on Thrombosis and Hemostasis in Leuven, Belgium. The society, a non-profit organization, serves scientists who study blood coagulation disorders. The Scientific and Standardization Committee sets international standards for terms and research methods.

Griggs, professor of medicine, chaired a session on experimental models used in blood coagulation studies. Roubey, research assistant professor of medicine, presented a talk on new methods for detecting antibodies that may contribute to abnormal blood-clotting. Roberts, Kenan professor of medicine, also the society's executive director, participated in the annual governing board meeting.

Photo courtesy of the News & Observer Publishing Co.

***Martin Rodbell, Ph.D.**, adjunct professor of biochemistry, received the Nobel Prize in medicine for discovering the "universal signal" telling cells how to communicate properly. The Nobel Prize in medicine is awarded to scientists whose work is thought to have most benefited mankind. Rodbell shares the $930,000 award with University of Texas Medical Center pharmacologist Alfred Gilman. Rodbell is a scientist emeritus at the National Institute of Environmental Health Sciences in the Research Triangle Park. He is pictured here with Nobel laureates George Hitchings (right) and Gertrude Elion of Burroughs Wellcome.*

Kenneth M. Brinkhous, Robert D. Langdell, Harold R. Roberts, M.D.s, and Robert H. Wagner, Ph.D., researchers at the School of Medicine, have received the 1994 Karl Landsteiner Memorial Award. The American Association of Blood Banks presented the award in November to these researchers for their critical role in developing knowledge of factor VIII, the complex plasma protein missing in hemophilia, and their lifetime contributions to coagulation research and the diagnosis and treatment of coagulation disorders.

Between 1939 and 1947, Brinkhous, alumni distinguished professor of pathology emeritus, discovered the role of factor VIII in correcting the hemophilia defect. In 1955, Brinkhous, along with Langdell, professor emeritus of pathology, and Wagner, professor emeritus of pathology and biochemistry, improved on the standard treatment — transfusions of whole blood — by treating patients' bleeding with transfusions of plasma, the portion of the blood that contains factor VIII. Ten years later, Brinkhous and Wagner devised a method for extracting factor VIII from plasma. Brinkhous, Wagner and Roberts, Kenan professor of medicine and pathology, used the new concentrate in humans and it has become the standard treatment for hemophilia around the world.

The AABB created the Landsteiner Award in 1954 to honor Nobel laureate Karl Landsteiner, whose discovery of blood groups laid the foundation for safe and effective blood transfusion.

In Memoriam

Fred E. Bell, Ph.D., associate professor of biochemistry, died on Nov. 18, 1994 after a brief illness. He was 69.

Bell's research into the activation of amino acids for protein synthesis was nationally recognized and published in many scholarly journals.

Class Notes

30s

Louis Appel, M.D. '31, has been retired for 12 years and spends his time working on the land. Would appreciate hearing from classmates.

40s

Thomas E. Whitaker II, M.D. '46, has retired as a radiologist. He plans to spend his time with his new wife, grandparenting and fishing.

50s

William Carlyle Powell, Housestaff '55-'57, has retired as a pediatrician. He plans to spend his time traveling, and doing his civic and church work.

60s

F. Walton Avery, M.D. '67, recently graduated from Duke Divinity School with a master's in theological studies.

70s

Robert Redwood Bass, M.D. '75, has been appointed executive director of the Maryland Institute for Emergency Medical Services Systems. In addition, he is an associate professor of emergency medicine at George Washington and Georgetown universities.

Patricia Aronin Sherrill, M.D. '76, is an associate professor of pediatric neurosurgery at Wayne State University and practices at the Children's Hospital of Michigan. She has three children, ages 6, 4 and 2.

Dwight Evans, M.D., Housestaff '76-'79 and former faculty member in psychiatry, has been appointed to the National Advisory Committee at the Robert Wood Johnson Clinical Scholars Program. He also has been named to the American Board of Psychiatry and Neurology committee responsible for administering the written exam that is the initial step for board certification. He serves as a senior examiner for the oral exam that is the final step for psychiatrists to become board certified. In addition, he has been named to the editorial boards of *Video Journal of Psychiatry* and *Depression.*

Francis S. Collins, M.D. Ph.D. '77, director of the National Center for Human Genome Research at the National Institutes of Health, received the 1994 Baxter Award for Distinguished Research in Biomedical Sciences. He was recognized for his contribution in human genetics.

Larry D. Eggert, M.D. '77, has joined Phoenix Perinatal Associates at the Phoenix Children's Hospital.

80s

Joseph L. Albright Jr., M.D. '82, has accepted a position with the Charlotte Medical Clinic. Mike Richardson, M.D. '85, successfully recruited him to the practice.

Beverly N. Jones, M.D. '82, is an assistant professor of psychiatry and director of the Geriatric Psychiatry Clinic at the Bowman Gray School of Medicine.

Jon Morris, M.D. '82, Housestaff '82-'87, received his Masters from the UNC School of Public Health in 1987.

Len Auman, M.D. '85, is now in private practice at St. Paul Medical Center in Dallas. He recently completed a nine-day medical mission in El Salvador with Healing the Children, providing anesthesia for pediatric orthopedic procedures.

John Hepler, M.D. '85, Ph.D '88, is an assistant instructor of pharmacology at University of Texas Southwestern. He recently received the LBJ Research Award for his work on the regulation of G protein alpha subunits.

Albert R. Munn III, M.D. '85, an ophthalmologist in Raleigh, received the Community Service Award for Young Physicians from the N.C. Medical Society.

Bradley K. Weisner, M.D. '85, has accepted a position with the Charlotte Urology Group. He and his wife, Laura, have two children, Jonathan and Elizabeth.

Elizabeth Adams, M.D. '88, has her own OB/GYN practice in Miami, FL. She was recently married to Brett Pryor.

Stephen J. Bickston, M.D. '88, is a fellow in gastroenterology at Washington University Medical Center in St. Louis. He was awarded the ASGE Advanced Endoscopy Scholarship for '94-'95.

David C. Habel, M.D. '88, is currently working at the Tuba City Indian Medical Center on the Navajo Reservation in Arizona.

Chuck Scheil, M.D. '88, is a radiologist with Catawba Radiological Associates in Hickory. He and his wife, Sharon, have two daughters, Kirsten and Cara.

90s

Todd Williams, M.D. '90, is a dermatology resident at the University of Texas-San Antonio. He has accepted a position at Suncoast Dermatology and Skin Surgery Center in Citrus County, FL, beginning in July. He and his wife, Denise, have two sons, Jamey and Josiah.

Crystal Duncan, M.D. '91, is a resident in anesthesiology in Tucson, AZ. She will be practicing anesthiology in San Diego beginning in July. She recently married **Seth Katz, M.D. '91**, who is an OB/GYN resident in Tucson. Katz will begin a fellowship in reproductive endocrinology and infertility at the University of California at San Diego in July.

Cynthia M. Cowan, M.D. '93, is a resident in OB/GYN at Shands Teaching Hospital in Gainesville, FL. She was recently married to **Paul Scott Bennett, M.D. '93**, who is a resident in Otolaryngology at Shands.

Sherif Farag, M.D. '94, is a clinical fellow in Enfield, CT.

Debra McCormack, M.D. '94, is completing a fellowship at the UNC-CH medical school's sister school in Japan, the University of Nagoya.

Deaths
Stewart L. Mooring, M.D. '55

President's Letter

Difficult though it is to believe, my year in service as your president is drawing to a close. It has been a marvelous and memorable year for me — one of growth — and I sincerely thank you for the honor and privilege.

The experience has been made especially worthwhile by your continuing support in bringing about another solid year for the Loyalty Fund, thus assuring the tangible scholarships and Medical Alumni Association Computer Laboratory we have provided for the incumbent medical students. You also have contributed to the year's achievements through service on the council or visiting committee, on our several committees either central or local, or as preceptors and teachers in Chapel Hill or in the AHEC system. To those of you who have served as committee heads, Loyalty Fund Campaign chairs or class reunion chairs, my special thanks.

Many of you have had the opportunity to meet and talk with Dean Simmons. His appreciation of the relationship between the school and the alumni seems quite healthy, and, I feel confident, portends well for this important bond in these changing times.

As the health care delivery system changes, we will all feel stressed, threatened and insecure. Yet I hope we can all agree the one thing that must remain absolutely constant is quality medical education — from recruitment through enrollment and training to alumni development and continuing education. And I hope we agree also that our role in that process should and must remain forceful, critical and even visionary. Change affords unparalleled opportunity. While keeping our support strong, we must cultivate new alumni leaders who will be as bold as they are loyal, as committed as they are caring. The time to create our future is at hand.

It gives me special pleasure to pass the gavel to Fred Bowman as your incoming president. Fred brings quiet strength, abundant energy and a unique perspective to the position. I hope you will join me in giving him and your Alumni Association your total support and allegiance. We have work yet to do.

In closing, a final word of thanks to the Dean's Office, the Office of Continuing Medical Education and Alumni Affairs, the Medical Foundation of North Carolina, the Medical Alumni Association officers and council, and our capable and tireless staff — and finally to you, fellow alumni. I'm proud to be one of you!

Robert E. Sevier, M.D.

Photo by Dan Crawford

CME/Alumni Calendar

	Medical Alumni Activities	
April 5-8	19th Annual Internal Medicine Conference	Chapel Hill
April 20-21	Lineberger Comprehensive Cancer Center Symposium: Signal Transduction in Development and Cancer	Chapel Hill
April 21-22	Spring Medical Alumni Weekend	Chapel Hill
May 5	May Day Trauma	Chapel Hill
May 6-7	North Carolina Glomerular Disease Network Annual Scientific Meeting	Chapel Hill
May 15 - June 2	Neurodevelopmental Minifellowship for Health Care Professionals Involved in Primary Care	Chapel Hill
May 20	1995 Medicolegal Seminar	Chapel Hill
May 25-26	16th Annual TEACCH Conference: Early Social & Cognitive Development in Autism	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Eduction and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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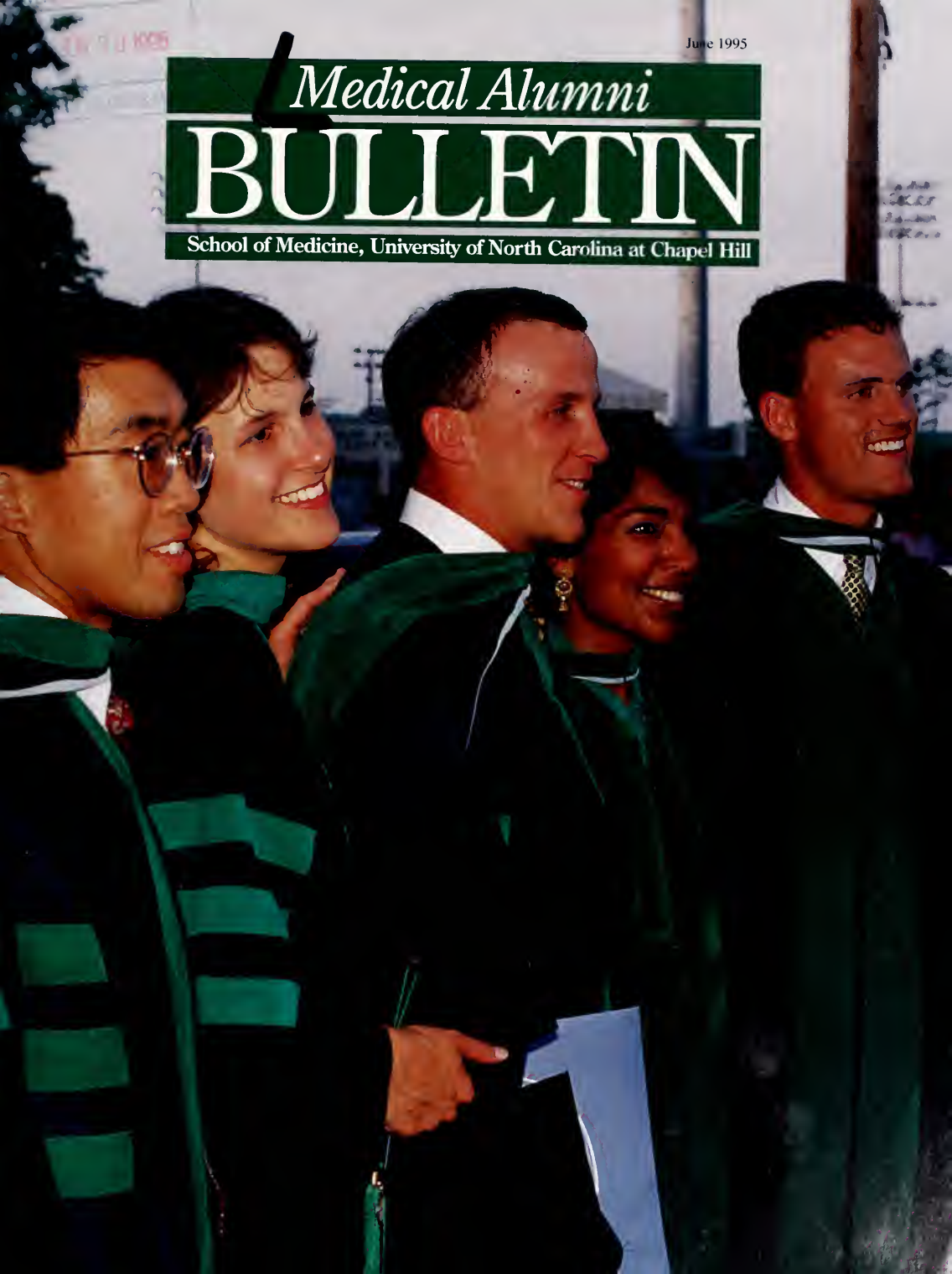
School of Medicine, University of North Carolina at Chapel Hill



Dean's Page

Managed care is attracting more interest and creating more discussion at UNC these days. For example, during the Spring Faculty Meeting, members of the faculty wanted to know what the medical center is doing to prepare for serving about 100,000 subscribers from a major managed care firm. Under a new agreement, those people will look to us to help meet their health care needs, beginning July 1.

While we have worked closely with managed care organizations for many years, this recent agreement, with its sizable subscriber population and competitive bidding process, represents a distinct change in the way we do business. We are delighted with our success. We have competed successfully for an exclusive contract covering broad areas. We have surmounted the start-up conceptual problems of capitation. And we have agreed to open our largely self-contained medical staff to the participation of other community physicians.

Among the issues we are addressing:

Q. How do we credential physicians from managed care organizations?

A. The way we always have, unless it does not work. Then we will do it another way. And we will do it rapidly and efficiently.

Q. How will UNC physicians, nurses and other professionals interact with those physicians?

A. Collegially, as we do with all of our internal physician partners.

Q. Where will they park?

A. OK, we're still working on that one.

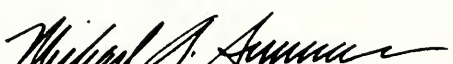
The issue is that we — the School of Medicine, UNC Physicians & Associates, UNC Hospitals and managed care providers — can make this work. It's not "us" vs. "them," or "good" medicine vs. "not-as-good" medicine. Instead, it is a question of how we can serve patients more effectively and, yes, cost-effectively, in a competitive marketplace.

If you're still unsure about our ability to cope with competition, take a look at what Roberta Williams, MD '68, our new chair of pediatrics, has to say about academic medical centers and managed care in the article on page 7. She notes, and rightly so, that the very creativity, talent and energy that set us apart will make it possible for academic medical centers to succeed in the new marketplace. She survived and thrived in California's managed-care maelstrom, and we plan to take full advantage of her experience here.

There is also a very important educational dimension associated with this latest contract. We have an unparalleled opportunity to learn from our new partners. Our students and residents will get a first-hand look at how physicians in managed care organizations practice medicine. That's important for them to know. And we'll all learn some new ways to do things. Our managed care partners, in turn, will benefit from their association with our outstanding medical staff and UNC Hospitals, which has served the citizens of this state for nearly 50 years.

Finally, as I told the medical faculty in May, you cannot cope with this kind of change by listening to a lecture. The learning has to be done experientially. It won't be without its frustrations. But I sincerely believe that it will be interesting, challenging and, ultimately, rewarding for us and for our patients, without whom we would not exist.

Photo by Lance Richardson



Michael A. Simmons, MD

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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The *Medical Alumni Bulletin* is published four times annually by the University of North Carolina at Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the non-profit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Medical Center Public Affairs, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

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On the Cover: Members of the Class of '95 received their doctor of medicine degrees on May 14, 1995, from Dean Michael A. Simmons. Pictured, from left, are Eugene John Tom, Christine Robinette Curtis, George Lee Coppit III, Ritu Raj Sandhu and Stephen Bryan Durham. *(Photo by Bill Brinkhous)*

Graham 'Tells a Good Story' in Second Career

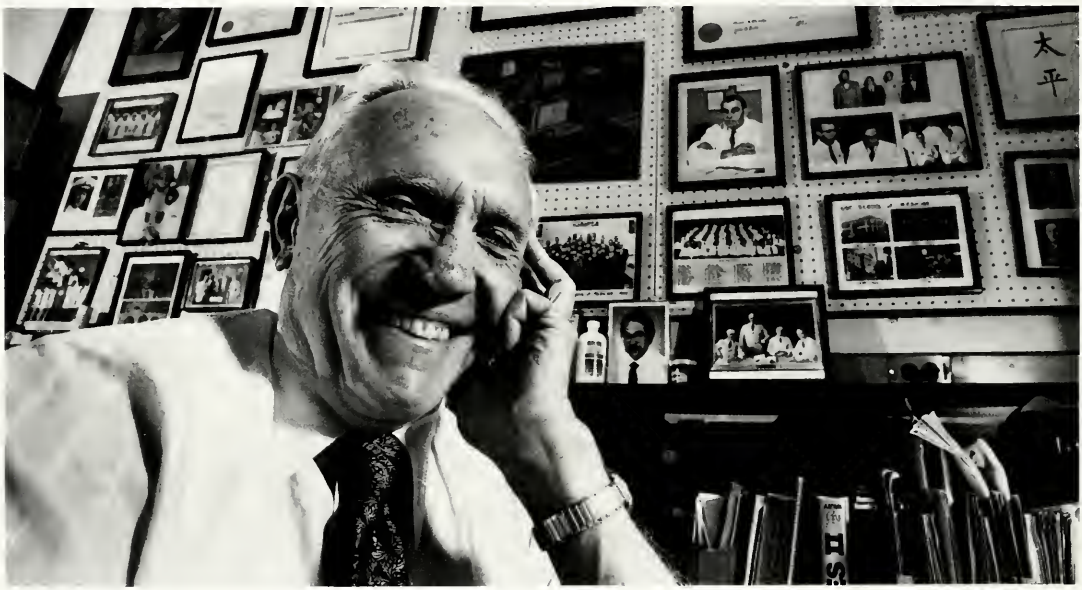


Photo by Dan Seitz

Graham takes the long view as he writes a history of the medical school's pathology department.

by Jaime Welch-Donahue

John B. Graham, MD, alumni distinguished professor emeritus of pathology, is enjoying a second career as a historian.

This should come as no surprise. Pathologists, according to Graham, have a lot in common with historians.

"We're trained to take a synoptic view of things because if you do an autopsy, you are the final judge of what this life was all about, at least from a medical point of view," he says. "We've been trained — it started from the mother's milk — to be historians."

Meeting Graham, 77, who is dressed for the interview in a simple, short-sleeved khaki suit, it is easy to imagine how he looked in uniform as a young Army doctor during World War II. He seems like a person who would keep cool under fire. He chooses words carefully and makes no bones about his opinions, which he delivers in an accent that reveals his Goldsboro roots. A natural storyteller, he can conjure up a person or event in a few words.

Graham is working on a history of the School of Medicine's pathology department. The book, when complete, will span more than 60 years — from 1906 through 1973, the year when Kenneth M. Brinkhous, MD, retired as chairman and the department moved from MacNider Hall to the Brinkhous-Bullitt Building. It was a four-person department when Graham joined the faculty after World War II. Today about 60 people teach and conduct research in pathology.

Graham began his venture into writing history as he neared retirement. Age and experience, he says, are necessary for the writing of a good history.

"My impression is that the best histories, like those A.J.P. Taylor and others have written, are written in the last decade of life when they look back and see the meaning of what they were digging at in the trenches," he says.

What Graham and colleagues in pathology were "digging at" in their research changed science's understanding of blood clotting and hemophilia, a rare, hereditary bleeding disorder.

Between 1949 and 1991, Graham published more than 200 articles on blood coagulation, hemophilia and human genetics. With Drs. Cecil Hougie and Emily Barrow, he discovered Stuart Factor, now known as Factor X, a key blood-clotting enzyme. His

interests later expanded to include population dynamics and he was instrumental in the creation of UNC-CH's population program, now based in a separate center.

His research career spanned an amazing epoch in science. In the 1950s, he and researchers worldwide raced to identify the proteins and enzymes involved in blood coagulation. Three decades later, he was among the first researchers to apply the techniques of molecular biology to studies of the coagulation factors.

An article published in the *N.C. Medical Journal* about the discovery of Factor X is one of many historical narratives that Graham wrote in the 1980s, as he began to draw his career in the laboratory to a close. Most include reminiscences of his days as a UNC medical student in the late 1930s. One article, "Alien Corn in the 'Big Apple,' " describes completing his training at Cornell University and his abbreviated internship and residency in New York City as World War II reached its zenith.

Graham's only book-length work, a memoir of his wartime experience, was a long time in the making. He completed a first draft in 1963, but set it aside until he retired. Titled "Sand in the Gears: How We Won World War II in Spite of Ourselves," it was published in 1992 by Magnolia Marketing and Publishing Co. in Chapel Hill.

Graham's method for writing history is to rely on his memory as the first and best source of information. Before publishing "Sand in the Gears," he checked the final draft against the more than 200 letters he sent home to his wife, Ruby, during the war. "I discovered one or two things in the letters that I had forgotten, but not very many," Graham says.

While his memory is the primary source of material for the pathology department's history, he has also amassed a wealth of written records to draw on. Among them: annual reports of department chairs to the deans going back to the 1930s, university and medical school catalogs from archives of the UNC General Alumni Association, and curriculum vitae of faculty members. He also sent out a questionnaire to current and retired faculty members asking about their careers and for anecdotes about department life.

Graham was a participant in the major events and processes that shaped the School of Medicine and pathology department during four decades: the campaign for a four-year medical school and the building of N.C. Memorial Hospital, the laboratory building programs, the debates that shaped the administrative structures of the medical school and hospital, and the curriculum committees that influenced how medical students are educated today.

> "We're trained to take a synoptic view of things because if you do an autopsy, you are the final judge of what this life was all about, at least from a medical point of view."
>
> John B. Graham, MD

The department history is a two-part project: a narrative account and a directory. The directory is nearing publication. It contains biographical sketches of nearly 250 former and current professors, graduate students, house officers and technicians. It also contains a year-by-year faculty roster and a section of department photos, the earliest taken in 1948.

Graham's open-heart surgery in spring 1994 caused a temporary set-back in his work on the narrative portion. With chapters on the history of the medical school and pathology department completed, he is now working on the section of the manuscript that will deal with what he calls "spin-offs": programs and organizations such as the Center for Thrombosis and Hemostasis and the Curriculum in Genetics that had their genesis within the department.

Graham jokes that when a colleague read an early draft of the department's history, he remarked on its lack of footnotes. "I think strong declarative sentences suffice very well for footnotes," Graham says. He cautions that his opinions and version of events may raise some eyebrows. "I am writing from inside the history," he says. "This is really a personal kind of thing."

That good storytelling is at the core of good writing is a fact Graham appreciates.

He tells about a conversation with a friend, the late Kemp Nye, who loaned him Pearl Buck's novel on the last Chinese empress: "I read it and I handed it back to him and I said 'Kemp, I don't understand how she knew exactly what the empress was thinking about.' And he laughed and said 'Like you and me, she just knows how to tell a good story.' " □

New Center Advances Medical Education Research

by Katharine C. Neal

What determines whether a medical student goes into primary care? How can medical schools ensure that students and, ultimately, practitioners have the information they need to serve community health-care needs? What education factors influence recruitment and retention of minority physicians?

The federal government hopes to find some answers through a grant establishing the UNC-CH Center for Research in Medical Education. The center is one of only two in the country; the other is at the University of Washington.

"This is a very exciting award," says Frank T. Stritter, MD, who directs the center. Stritter is a professor in the schools of medicine and education and a staff member in the Office of Educational Development. "It means that the Bureau of Health Professions (in the Health Resources and Services Administration) has recognized the importance of medical education research and its critical role in helping medical educators make informed decisions about curriculum and career-development programs."

Competition for the grant was fierce, Stritter says, but UNC-CH's long history of collaborative research impressed the federal decision-makers. "We already had a well-integrated relationship between the School of Medicine and the School of Education, and between the School of Medicine and the Sheps Center for Health Services Research," he says.

Educational research has always taken a backseat to clinical and basic sciences research, Stritter notes. But now, with the pressure to train primary-care physicians, "it is critical that we understand how educational programs, both during medical school and residency, affect the career choices being made by the next generation of physicians."

Frank T. Stritter, MD

Researchers will look not only at what happens during medical school, but what happens after students graduate and become practicing physicians. "We want to learn what is important to physician satisfaction, what attracts physicians to particular areas, and what causes them to stay," Stritter adds.

Another key component of the center program is training medical education researchers and consumers of that research — practicing physicians who also participate in the educational process. "Just as clinical and basic science researchers train future researchers, medical education researchers want to ensure the quest for new knowledge will continue," Stritter says. "Our previous work in graduate education and faculty development and the interdisciplinary nature of our educational research make UNC especially well-qualified to take on this task."

Several other, related projects are proposed or in progress at the School of Medicine, Stritter adds. "We are looking at the impact of role models on career choice, assessment of medical students' basic clinical skills, and the relation of pre-admissions characteristics to retention, graduation and career choices of underrepresented minority students."

Other areas of research include the information needs of medical students and residents in rotations with community practitioners; satisfaction of practitioners with their specialty, location and practice setting; and preparation of physicians in the principles of community-oriented primary care and the incorporation of those principles in physicians' work.

Other School of Medicine groups involved with the center program are the Institute for the Generalist Physician, Office of Community Medical Education, and Office of Academic and Student Programs.

For more information, please contact Lori Moffitt Selman, program coordinator, through the Carolina Consultation Center, 800-862-6264. □

Match Day '95: Resurgence in Primary Care

by Susan Vassar King

For the first time in seven years, more than 50 percent of U.S. medical school seniors will pursue training in one of the generalist disciplines, according to the National Resident Matching Program. Of the 13,549 students who secured residency positions through the NRMP, 51 percent will spend at least their first year of training in family practice, internal medicine or pediatrics.

"The results of this year's Match Day show clear progress in medical education's efforts to increase the nation's supply of generalist physicians. However, it comes with an important caveat," said Jordan J. Cohen, MD, president of the Association of American Medical Colleges, one of the five organizations that sponsors the NRMP. "Our analysis of past medical school graduates shows that of those new physicians who begin their training in generalist disciplines, about 64 percent will go on to become family practitioners, internists or pediatricians, while the remainder will choose careers in medical subspecialties."

In North Carolina, the General Assembly includes obstetrics-gynecology in its definition of generalist specialties. The Legislature has set a goal of 60 percent for primary-care physicians graduating from the state's medical schools. This year, 57 percent of UNC-CH's graduates will enter residencies in family practice, internal medicine, obstetrics-gynecology or pediatrics.

Other School of Medicine graduates will enter training programs in surgery (15 percent), medicine (7 percent), emergency medicine (5 percent), psychiatry (4 percent) and support specialties (8 percent). Support specialties include anesthesiology, radiology, pathology and physical medicine. Six percent of seniors deferred post-residency training.

Following are some additional statistics from Match Day 1995 at UNC-CH:

- 62 percent of students were matched with their first preference; 86 percent were matched with one of their top three choices.
- 35 percent of the class will continue medical training in North Carolina; 31 at UNC Hospitals, eight at Duke Medical Center, six at N.C. Baptist Hospital, two at University Medical Center in Greenville, and 12 at Area Health Education Center sites throughout the state.
- Among African-American students, 61 percent will enter primary care residencies, including OB/GYN.
- Among women, 67 percent will enter primary care residencies, including OB/GYN. □

Photo by Dan Crawford

Above: Suzy Thompson (left), headed for a pediatrics residency at Children's National Medical Center in Washington, DC, shares the news with classmates Andy Harper, studying surgery/otolaryngology, and Katherine Meadows Harper, pediatrics.
Below: From left, Amer Adam, Marcus Higi and Ki Young Chung will all continue their medical training in primary care specialties.

Society Encourages Minority Students to Pursue Academic Medicine

When the Society of Black Academic Surgeons held its fifth annual meeting in Chapel Hill this past April, many of the attendees at the first-day sessions were not actually surgeons — yet.

The three-day conference addressed some of the most advanced and complex issues in academic surgery today. But equally important was the time society members spent speaking to minority undergraduate and medical school students who may be considering a career in academic medicine.

Students had the opportunity to hear black surgeons from academic institutions across the U.S. address issues such as, "Is There a Need for Black Academic Physicians and Why?" and "What is the Future of Academic Surgeons Under Health-Care Reform?" Society members also spent time talking one-on-one with the students to encourage them to go into academic medicine.

Such mentoring makes the society so important, says Estrada J. Bernard Jr., MD, assistant professor of surgery at UNC-CH and local conference coordinator. "Mentoring is essential to success. The society provides a clearinghouse for ideas and support for building and advancing academic careers," he says.

When asked why he became involved with the society, Bernard, a neurosurgeon, says, "I'm black. As a medical student, and as I was deciding whether to pursue a career in academic medicine, there were not many minority role models.

"The society helps provide those role models for students and younger physicians, as well as mentors for those looking to advance their academic medical careers," he adds. "It's good to know there are other people like you with similar issues and challenges, and to discuss possible solutions with them."

Photo by Paul Dugys

Maya Hoover talks with Edward Cornwell, MD, professor of surgery at the University of California at Berkeley, about pre-med course requirements.

Bernard credits George Sheldon, MD, professor and chair of surgery, with helping bring the meeting of the 100-member society to Chapel Hill.

"When the society met at Duke, Dr. Sheldon told members we would welcome them in Chapel Hill. The society took him up on the offer."

It didn't hurt that Eddie L. Hoover, MD, society president and professor and chair of surgery at the State University of New York at Buffalo, was a UNC undergraduate. Or that Hoover's daughter, Maya, was a freshman at Chapel Hill this year.

"We were very pleased to welcome the society to Chapel Hill," Sheldon says. "We chose to host the meeting to indicate our strong support for the organization and our commitment to minority academic physicians."

This commitment is shared by North Carolina Gov. Jim Hunt, who issued a proclamation designating April 1995 as "Academic Surgery Month" in conjunction with the society's meeting. "Through this proclamation," says Sheldon, "the governor has conveyed to the people of North Carolina the important role academic surgeons play in caring for patients, conducting research, and educating and training future health professionals." □

—K.C.N.

True-Blue Tar Heel Returns to UNC

Roberta Williams, MD '68, new chair of pediatrics at UNC-CH and former chief of pediatric cardiology at UCLA, has never been shy about expressing her Carolina-blue sentiments.

In the essay on her undergraduate application to Duke, the Rocky Mount native wrote she wanted to attend the school mainly because UNC did not accept women for the first two years.

And a few years ago, when UNC and UCLA were playing in the Sweet 16 of the NCAA basketball tournament, she went so far as to tell a sportswriter, "UCLA has my body and mind, but Carolina has my soul." That comment, dutifully reported in the local press, earned her a call from the UCLA medical school dean. "He said he hoped I'd find a way to change over," she says with a smile.

She returns to her alma mater from Southern California, home to movie stars, earthquakes — and a tumultuous managed care market. She brings the outstanding academic and clinical experience and expertise one would expect.

Photo by Charles Harris

Roberta Williams, MD, chair of pediatrics.

But one of the most important qualities she brings to UNC, she says, is lack of fear.

"I've seen institutions react to terrible market forces that surely could dismember a medical institution, and I've seen how institutions can adapt to the changing environment," she says.

The experience gives her great confidence about the ability of academic medical centers to thrive, despite changing market forces. "They have the reputation of being slow-moving, but academic medical centers are made up of very talented, intelligent, creative individuals who are able to respond to change. People want quality, and academic medical centers do represent quality."

She believes that is especially true at UNC. "This medical school has a long and distinguished career of translating science to clinical care. It is well-respected across the country. It also has a legacy of collegiality, both within the school and between the school and other programs, such as the School of Public Health. I was very attracted by the talent already here."

It was early exposure to medical talent that led to her career. As a young girl, Williams was thought, erroneously, to have congenital heart disease. "I was examined by Dr. Helen Taussig, the founder of pediatric cardiology, at Johns Hopkins." Taussig so impressed Williams that she decided to become a pediatric cardiologist herself.

After graduating from Duke, she went to medical school in Chapel Hill and completed a year of internship at N.C. Memorial Hospital. A three-year fellowship in cardiology at Children's Hospital Medical Center in Boston was followed by stints as an instructor, then assistant professor of pediatrics at Harvard.

In 1982, she went to UCLA as an associate professor of pediatrics and chief of pediatric cardiology. She became a full professor in 1986.

Coming to UNC was "the right job at the right time," Williams says.

She is excited about the new N.C. Children's Hospital, N.C. Women's Hospital and Support Services Project, which recently received state approval. "The physical plant can be such an important part of the healing process, especially for families and children." She also sees the new facility as something in which the citizens of North Carolina can take pride. "We are here to serve the state," she notes.

Williams looks forward to working with the pediatrics faculty and other members of the team who provide care for children. She has a special interest in working with the educational process. "I am genuinely interested in the best education for the generalist pediatrician, and in answering questions such as, 'Who will decide the appropriateness of care for children? Where will the policy decisions be made? How can pediatrics best support this process?' "

While pondering such important questions, Williams also will be trying to find enough wall space for her pictures. Photography is her avocation; she jokingly says she had to move from UCLA "because I had run out of walls in my office and condo."

But the best part of returning to the Triangle, she says, "is knowing where all the stoplights are." And, perhaps, rooting for the Tar Heels with a clear conscience. □

— *K.C.N.*

Nurturing Young Researchers

Late one cold, dreary February afternoon, Fred Sparling, MD, chair of medicine, walked down the hall in MacNider. Heading home? Nope.

"I'm on my way to help Jennifer Fu with her Student Research Day project," he said, nodding to the young woman walking with him. "It's the best part of this job!"

Sparling and Margaret Beucher, MD, were preceptors for the second-year student's presentation, "Variations in structure and expression of FRPB, a major iron-regulated gonoccal outer membrane protein."

Fu and more than 50 other medical students participated in the 27th annual Student Research Day, sponsored by the John B. Graham Student Research Society and the Whitehead Society. Dozens of faculty members worked with the young researchers.

For Sparling, the faculty-student interaction involved in Student Research Day "is one of the nicest things that goes on in this institution."

For Fu, the experience of working with Sparling has been "especially helpful. He's a wonderful role model. He treats me like I'm a graduate student, and he listens to what I have to say," she says.

Sparling first noticed Fu in first-year microbiology. "I 'spotted' her talent then," he says. "She had that curiosity that is so important. She asked questions, and that takes courage, so I noticed her."

Fu was so encouraged by Sparling's interest that she took a year off between first and second year of medical school to work in his lab, which is well-known for its contributions to understanding sexually transmitted diseases, especially gonorrhea.

"It has been interesting working with a researcher who also is a physician," Fu says. "He has taken me on rounds and I've attended grand rounds. The experience has really helped me make the connection between basic science and patient care."

Sparling's attention is not limited to medical students. Christopher Thomas, PhD, a post-doctoral fellow, has worked with him for nearly seven years. He shares Fu's enthusiasm about Sparling. "Even though he's a busy department chair, he has always made time for the laboratory. He enjoys the research aspect," Thomas says.

Thomas also applauds Sparling's devotion to the education process at UNC. "He really cares about this university and its investment in how students are educated. He also cares about the quality of the education students get here."

For Sparling, working with medical students and post-doctoral fellows is just plain fun. "It's fun to learn something new from young people and it's great to work with students committed to science, who are interested in learning new things.

"It's wonderful to be able to surround oneself with talented, bright people," he adds. □

—*K.C.N.*

Photo by Dan Crawford

Jennifer Fu, Chris Thomas, and Fred Sparling, MD.

Four Students Win Research Awards

Four students won awards for outstanding research during the 27th annual Student Research Day, sponsored by the John B. Graham Student Research Society and the Whitehead Society. Each received $100 and the opportunity to present posters at the National Student Research Forum, April 6-8, in Galveston, TX.

"This annual event represents an important way to recognize students and promote their interaction with faculty in the laboratory," says Harold C. Pillsbury III, MD, chief of otolaryngology and longtime adviser to the Student Research Society. He helped develop the society, which formed in 1984.

Following are the 1995 winners and topics: Jennifer Smullen, MSII: "Interactions in cellular messenger pathways regulating ciliary beat frequency in the airways"; Heather Henderson, MSII: "Cold-passaged, temperature sensitive mutants of human respiratory syncytial virus subgroup B are highly restricted in replication but immunogenic in cotton rats"; Cheryl Belinda Farmer, MSII: "Comparing cognition and magnetic resonance spectroscopy of children with neurofibromatosis-1 to that of their siblings"; and Douglas Graham, PhD, MSIII: "Cloning and characterization of C-MER, a novel receptor tyrosine kinase with a potential role in malignant lymphopoiesis."

Photo by Dan Crawford

Recipients of outstanding research awards pose with Nobel laureate Joseph L. Goldstein, MD, Louis A. Beecherl Jr. Chair in Biomedical Sciences, UT Southwestern Medical Center at Dallas, who delivered the Student Research Day lecture.

The Benefits of Hormone Replacement Therapy

by Lynda J. Wolf, MD

Because the average age of menopause is 52 years and the average life expectancy of women in North America is 76, women now live approximately one-third of their lives in the postmenopausal period.

After menopause, estrogen production decreases substantially, causing symptoms and introducing new risks. Hormone replacement therapy can safely relieve symptoms of estrogen deficiency and reduce associated risks.

The benefits of hormone replacement therapy have been widely reported. Yet, in a recent study published in the prestigious *New England Journal of Medicine*, only 21 percent of postmenopausal women surveyed were using estrogen.

In light of this report, a review of the indications for hormone replacement therapy and its influence on a woman's quality of life seems timely.

Cardiovascular Disease

Cardiovascular disease is the most common cause of death in the U.S. More than 500,000 deaths are attributed annually to coronary artery disease in women, compared to 250,000 deaths from all forms of cancer for the same period.

In 1993, the American Fertility Society and the American Heart Association assembled international experts in women's health care, cardiovascular physiology and disease, and epidemiology to provide a consensus report on hormone replacement therapy and its effects on the cardiovascular system. After carefully considering the evidence, the benefits of estrogen in the prevention of cardiovascular disease was found to clearly outweigh any potential risk.

In the *New England Journal of Medicine* study, investigators calculated that estrogen reduced coronary heart disease by as much as 42 percent.

Maximal benefits are associated with lifetime use of estrogen after menopause. This benefit is observed in all women, even those with existing cardiovascular disease.

Blood Clot Formation

What about reports that estrogen treatment increases the risk of thromboembolism?

High doses of oral estrogens stimulate production of clotting factors in the liver, which can increase the risk of blood clot formation, but there is no evidence of an increased risk of blood clotting in women taking the low, postmenopausal doses of estrogen.

Patients with a history of blood clots should be evaluated for abnormal blood clotting, but can still receive estrogen replacement, ideally in the form of a skin patch which does not have any effect on the liver.

Beneficial for the Heart

Estrogens have both direct and indirect beneficial effects on the cardiovascular system.

They lower LDL (bad) cholesterol levels and increase the amount of HDL (good) cholesterol. In addition, estrogens decrease formation of new atherosclerotic plaques, and stabilize or even increase breakdown of existing plaques.

Estrogen increases blood flow to the heart, brain, uterus, vulva and skin.

Recent studies also indicate that estrogen treatment reduces chest pain and improves exercise tolerance.

Osteoporosis

Osteoporosis is one of the most important health hazards associated with menopause. Hip fractures occur in 30 percent of postmenopausal women and an alarming 18 percent of these women die within a year thereafter.

Painless, progressive collapse of bones in the spine leads to a loss of height and curvature of the spine. These compression fractures in the spine occur in 25 percent of women over the age of 70.

Numerous studies have demonstrated that estrogen therapy can stop bone loss and reduce the risk of fractures, even if treatment begins later in life. In fact, estrogen is currently the only medication approved by the FDA for the prevention of osteoporosis. Women who receive postmenopausal estrogens will experience 49 percent fewer deaths from hip fracture.

Lynda J. Wolf, MD

Health Risks?

Concerns about increasing the risk of breast and other cancers, continued regular or nuisance bleeding, and weight gain are all reasons cited for discontinuation of hormone therapy.

Whether the risk of breast cancer is increased — and there is controversy regarding this matter — the risk is small in comparison to the proven benefits of hormone replacement therapy.

In sum, hormone replacement therapy can confer health benefits, enhance quality of life and prolong life expectancy. □

[Editor's note: Lynda J. Wolf, MD, is a UNC-CH OB/GYN specializing in reproductive endocrinology and infertility. She may be reached through the Carolina Consultation Center, 800-862-6264.]

Six Receive Distinguished Service Awards

The School of Medicine and the Medical Alumni Association presented six 1995 Distinguished Service Awards April 21 during the annual spring medical alumni banquet.

Recipients were Mary Susan Fulghum, MD, a Raleigh obstetrician/gynecologist and first female president of the Medical Alumni Association; James T. Hedrick, a Durham attorney and one of the founding members of the UNC Hospitals Board of Directors; Noel Bruce McDevitt, MD, a Southern Pines plastic surgeon, secretary/treasurer of the medical school's prestigious Nathan A. Womack Surgical Society and past president of the Medical Alumni Association; and R. Knight Steel, MD, an internationally known geriatrician and executive director of the World Organization for Care in the Home and Hospice in Washington, DC.

Fulghum

Also receiving awards were George Wolff, MD, a long-time family practitioner and participant in the Greensboro Area Health Education Center's family-practice training program; and Louie E. Woodbury Jr. of Wilmington, president of Woodbury & Co., who has served on the board of visitors for the UNC Lineberger Comprehensive Cancer Center and is vice chair of Cape Fear Memorial Hospital in Wilmington.

Wolff

Dean Michael A. Simmons presented the awards.

Fulghum was cited for her exceptional commitment to the School of Medicine through her activities in the Medical Alumni Association and as a clinical assistant professor in obstetrics/gynecology. "We honor the quiet strength, determination and grace that make her such an important part of the medical school," Simmons said during the award presentation.

Fulghum came to UNC as an undergraduate, graduating with BAs in zoology and German. She received her MD from the School of Medicine in 1971, then joined the housestaff at North Carolina Memorial Hospital as the first female resident in obstetrics/gynecology.

In 1993, she became the first female president of the Alumni Association. She also has chaired the Association's Visiting Committee, reorganizing it so that members and department chairs could discuss the needs of the medical school.

"Jim Hedrick is known for his effective leadership, keen legal mind and 'no-nonsense' approach to business. But his most outstanding quality is his absolute loyalty to the University of North Carolina and UNC Hospitals," Simmons said.

Hedrick

Hedrick earned his law degree from UNC-CH in 1953. He is now a senior member of the Durham law firm of Newsom, Graham, Hedrick, Bryson & Kennon. He joined the board of North Carolina Memorial Hospital in 1972, the year the board was created. During the next 23 years, "he distinguished himself as a wise and dedicated member of the board," says Eric B. Munson, Hospitals executive director.

McDevitt

"Dr. McDevitt has been 'loyalty personified' to the medical school, the Department of Surgery and to his community," Simmons said. A 1964 graduate of the School of Medicine, he is a former president of the School of Medicine's prestigious Whitehead Medical Society.

As a resident at North Carolina Memorial Hospital, McDevitt was named the Nathan A. Womack Scholar for 1973, an award given by the surgery department to the resident who exhibits scholarship, excellence in patient care, commitment to teaching and overall contribution to the strength of the School of Medicine. That same year, he was appointed assistant professor of surgery. He became an associate professor in 1978. Although he left Chapel Hill in 1981 to enter private practice of plastic surgery in Southern Pines, he continues to contribute to the medical school as a clinical associate professor of surgery.

Steel came to North Carolina Memorial Hospital from the Columbia University College of Physicians & Surgeons. Three years into his medicine residency, he was working in the Heart Disease and Stroke Control Program at the National Institutes of Health in Washington. The new president of the United States was about to be sworn in. Steel and his supervising officer met with the White House physician to discuss

Steel

the medical aspects of the ceremony. They recommended having a mobile coronary care unit on standby and volunteered to staff it. That, said Simmons, is how Steel came to serve — briefly — as physician to President Richard Milhouse Nixon on January 20, 1969.

In 1970, Steel returned to UNC as co-chief resident in medicine. From residency, he went on to teach for two years at UNC-Chapel Hill before going to Monroe Community Hospital in New York. There, he began to feel drawn toward the field of geriatrics. He went on to Boston University as the first faculty member in geriatrics. During the next 14 years, he helped develop Boston University's Gerontology Center. In 1991, the R. Knight Steel Award for excellence in Geriatric Medicine was established at Boston University Medical Center.

"George Wolff has been described as 'the epitome of the family physician' and 'the conscience of health care in North Carolina,' " Simmons said. He also has been described as "a 'stormy petrel,' untiring in his pursuit of justice and fearlessly advocating for patients and for family practice, even when his advocacy threatens established practice."

Wolff received his BA from UNC-Chapel Hill in 1948, then attended Jefferson Medical College. In 1952, he joined the first housestaff at newly opened North Carolina Memorial Hospital. From here, he went to residencies at City Memorial Hospital in Winston-Salem, then Moses H. Cone Memorial Hospital in Greensboro. Since 1955, he has been an active family practitioner in Greensboro.

One of Wolff's greatest contributions to medical education has been his willingness to train family practice residents based at the Greensboro Area Health Education Center. He also has served as preceptor of UNC medical students on family medicine rotations.

Don Smith, MD, director of the Greensboro AHEC, recalls that Wolff was instrumental during the 1960s in establishing the specialty of family practice, and that he served as director of the family medicine residency program at Moses Cone when the program was one of only 16 in the country. He has served as president of the North Carolina Academy of Family Physicians and as vice president of the American Academy of Family Practice. He also is a faculty member in the Department of Family Medicine, which has named an award in his honor.

"Everybody in Wilmington knows Louie Woodbury," Simmons said. "He has been described as 'the patriarch of Wilmington.' "

Woodbury was born June 6, 1914, in Wilmington. He was graduated from New Hanover High School, "but he got his real education from the insurance business, which he's been in for more than 60 years," Simmons said.

Woodbury

His astute business judgment, compassion and fierce loyalty to his clients, Simmons noted, are the same qualities he applies to any organization he supports.

Stuart Bondurant, dean emeritus of the medical school, said, "When a cause or an organization interests Louis Woodbury, he adopts it in the most serving way. He gently provides the very thoughtful, constructive support for people and organizations who find a place in his great heart."

Woodbury is past president of the Independent Insurance Agents of North Carolina and the Independent Insurance Agents of America. He has served on the executive committee for the Medical Foundation. □

—*K.C.N.*

Alumni Profile:

Frederick O. Bowman Jr., MD '50

Singer-songwriter James Taylor. Basketball superstar Michael Jordan. Journalist Charlie Rose. These well-known men are among the many Tar Heels whose hearts belong to Carolina even though their careers have taken them beyond its borders.

It was the same for Fred Bowman, new Alumni Association president.

Born on East Franklin Street and raised in Chapel Hill, Bowman always planned to go to UNC. His parents, however, thought it best for him to experience living away from home for a while, and him sent to Phillips Exeter Academy in New Hampshire to finish high school. And although he hadn't expected to, young Bowman liked living away from home. So when some of his Exeter schoolmates urged him to join them in applying to Princeton, he did.

Although he enjoyed Princeton, the novelty of being away from home was soon replaced by a longing for Chapel Hill. Bowman transferred to UNC after two years, obtained his undergraduate degree, and went on to complete the School of Medicine's two-year certificate program in 1950.

Bowman completed his medical education at the University of Pennsylvania School of Medicine, then became an intern, and later a resident, at The Roosevelt Hospital in New York City. It was during this residency in general surgery that his interest in thoracic surgery was stimulated, and he completed thoracic surgery residencies at both Bellevue and Presbyterian hospitals, also in New York City.

During the years in New York, Bowman and his wife, Betsy, had always thought they would return home once his training was complete. But in 1961, the year Bowman finished his final residency, the best opportunities for him were in New York, not North Carolina.

Bowman accepted an appointment with the College of Physicians and Surgeons at Columbia University, and over the next 30 years established a distinguished career as a cardiovascular and thoracic surgeon and professor of clinical surgery. He became director of the pediatric section of cardiothoracic surgery, although he continued to treat both adults and children throughout his career.

Today, Bowman has more time to reflect on the incredible advances that were made in cardiac surgery during his 30-year tenure. "In the early '60s, mortality rates were high. Most families didn't expect the patients to live through the surgery," Bowman says. "It was discouraging at times, and you lost a lot of sleep."

But he persisted in his chosen field, stimulated by the research, the potential, and the painstaking progress that he and his colleagues were making. Over the years, Bowman published more than 100 articles on cardiovascular and thoracic surgical techniques and outcomes.

The Bowmans decided it was time to return to Chapel Hill in 1991. And although retired from active practice, this surgeon likes to stay up-to-date on the latest advances in his field with frequent visits to his alma mater. He enjoys attending cardiovascular grand rounds and participating in weekly surgical conferences.

During his tenure as president of the Alumni Association, Bowman looks forward to keeping up the fine tradition of leadership established by former presidents, while learning a lot himself. "I feel like a bit of an outsider, having practiced outside of North Carolina all these years," Bowman says, "But with the help of the council and other leaders within the association, I look forward to serving the alumni during a time when so many changes are occurring in health care delivery."

William Easterling, MD, associate dean for continuing medical education and alumni affairs, notes that Bowman's nomination reflects his loyalty to the Medical School and alumni association, as well as his ability to contribute to the on-going affairs of medical education. "Dr. Bowman brings a valued perspective on academic medicine to the presidency, due to his years of experience at Columbia and his renewed association with our school."

It remains to be seen whether James Taylor, Michael Jordan or Charlie Rose will return to North Carolina when they decide to wind down their own careers. But for Fred Bowman, who managed to raise four sons to be Carolina fans despite their being born and raised in New York City, it's nice — finally — to be home. □

—S.V.K.

Photo by Dan Crawford

Frederick O. Bowman Jr., MD '50, (left) assumed presidency of the Medical Alumni Association from Robert E. Sevier, MD '66, on April 21 at the Spring banquet.

Practicing in the Community 'Classroom'

by Ron Bittner

Medical student Joel Ang is learning about horses in Clayton, at the office of Drs. David and Joan Meehan.

This differs somewhat from his experience at UNC-CH, where he sees more zebras.

For the record, the Meehans haven't switched to veterinary medicine, and Ang isn't studying it.

"Horses" is medical school lingo for common medical conditions. "Zebras," as one might guess, are the kinds of conditions that one must gain knowledge of in the course of becoming a doctor, but which one is not likely to see much of in actual practice.

"They always say, 'Think in terms of horses, not zebras,' " Ang says of his instructors at the university.

The native of Manila, Philippines, and resident of Raleigh for the last 16 years, spent a month with the Meehans as part of the UNC-CH Medical Student Clerkship program. For four weeks, each third-year student from the medical school is taught in a community setting as a required part of his or her medical training.

The Meehans have been part of the program since 1989. "What it does is help medical students become familiar with the community medical setting," David Meehan says. "It's part of the efforts of Chapel Hill to get more students in contact with family medicine."

Such pro-active approaches are becoming a necessity in a medical world in which over half of all incoming students intend to pursue family medicine, but only some 15 percent actually choose it over the usually more lucrative sub-specialties. The resulting shortage of family physicians is affecting the health care and health care costs nationwide, particularly in rural areas.

"I think what happens is that in medical school, most of your interactions are with the sub-specialties," David Meehan says. "Most of your mentors are sub-specialists, so you lose contact with family care. You end up having a whole different reference point."

Photo courtesy of the Clayton Star News

Joel Ang, center, confers with Drs. Joan and David Meehan during his clerkship in Clayton, NC.

Ang says he hasn't decided which field to pursue, although following the path of his uncle, a Chicago surgeon, is a possibility.

Third-year medical students often haven't yet picked their future field, the reason the program, which once involved fourth-year students and which also involves exposure to sub-specialty practices, was changed a few years ago.

"They found that by that time, most students had already made their minds up," David Meehan says.

The soft-spoken Ang spent Tuesdays through Fridays in Clayton. "He's with us all day during office hours," Joan Meehan says. "He shadows David to the hospitals, to Miles Pharmacy, the Home Health Agency, the Health Department, the physical therapist's office . . ."

"What many people don't realize is that a majority of medicine goes on in the community," David Meehan says.

When he's at the office, he takes on the role of doctor — when the patients don't mind.

"A lot of times we'll feel the patients out as to how they feel about that," Joan Meehan says.

"Sometimes it depends on what they're here for, and time constraints, things like that," David Meehan says.

"Sometimes they'll want to show him their rash, or something — they feel they're contributing to education," Joan Meehan says.

After they do, Ang comes out to discuss the case with one or both of the Meehans, who will then see the patient themselves.

"We like taking students in," Joan Meehan says. "And I think we've persuaded a few over the years."

"And even if we don't, a lot of the things they learn here, they can use in other fields," David Meehan says.

And a kid from Chapel Hill can help even experienced doctors with his fresh exposure to zebras.

"He helps us, he keeps us on our toes," says Joan Meehan. "He helps us by pointing out things we may not have thought of in a long time." □

[Reprinted by permission from the Clayton (NC) Star News.]

Class Notes

20s

Herman F. Easom, MD '27, is retired and living in Wilson, NC.

40s

Robert S. Beam, CMED '40, was named "Unsung Hero for 1994" by the Retired Senior Volunteer Program of Raleigh.

George McLemore, MD '46, is practicing internal medicine and cardiology in New York City.

50s

G. Reginald Tucker, MD '55, has retired from the Henderson (NC) Family Medicine Clinic. He plans to spend his time boating and windsurfing off Emerald Isle.

60s

E. Carwile LeRoy, MD '60, has received an Alexander von Humboldt Award to study the causes and mechanisms of schleroderma in the Department of Dermatology at the University of Cologne, Germany.

C. Rex O'Briant, MD '61, has been named assistant corporate medical director for international health services with Texas Instruments Corp. in Dallas.

Louise Schuchardt Barden, BS Med Tech '65, received her Master of Education in Health Promotion and Behavior from the University of Georgia. She is now a health scientist at the Centers for Disease Control and Prevention in Atlanta.

Dave M. Davis, MD '69, is director of the Piedmont Psychiatry Clinic in Atlanta.

70s

Cecil M. Farrington Jr., MD '72, is in family practice in Salisbury, NC. He and his wife, Monica, have a son, Cecil Murray.

Timothy C. Poirier, MD, Housestaff '72, is practicing internal medicine and infectious diseases in Melbourne, FL.

Vickie M. Guerry, MS Speech Pathology '75, is director of speech services at the Charleston Speech and Hearing Center in Charleston, WV.

Gary Henschen, MD '75, is senior vice president of clinical services for Charter Medical Corp. He is also in private practice psychiatry in Greensboro. He and his wife, Ellen, have three children, Josef, Sam and Elizabeth.

Douglas E. Henley, MD '77, has been chosen president-elect of the American Academy of Family Physicians. He is in private practice and is a clinical assistant professor in family medicine at UNC-CH.

Judy Kramer, MD '77, is vice president of medical affairs at Burroughs Wellcome Co. in Research Triangle Park.

Robert W. Patterson, MD '78, is medical director of Sanford Family Medical Center in Sanford, NC.

80s

Gail Lynn Shaw, MD '83, is an associate professor of medicine and director of the Cancer Prevention Program at the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida in Tampa.

Deborah Kasman, MD '85, is practicing family medicine in Seattle, WA. She and her husband, Russell Chu, have a daughter, Liana Ruth.

Virginia Killough, MD '85, has retired from medicine to care for her three children, Amelia, Fiona and Alexander. Her husband is a hospital-based pathologist and musician.

Terance Lamb, MD '85, is practicing internal medicine in Baltimore, MD. He is on staff at Sinai Hospital and Liberty Medical Center.

Linda Belhorn, MD '87, is a rheumatologist and **Tom Belhorn, MD '87**, is a pediatrician in Missouri City, TX. They have two children, Chris and Stephanie.

Bill Bluff, MD '87, is a radiologist at Deaconess Hospital in Boston.

Chuck Bolick, MD '87, has joined a family practice group in Bristol, TN. He and his wife, Mary, have a daughter, Caitlin.

David Boone, MD '87, is practicing orthopaedics with Raleigh Orthopaedic Clinic after finishing a foot and ankle fellowship at the Medical College of Wisconsin. He and his wife, Susan, have two children, Matthew and Allison.

Melissa Burch, MD '87, is practicing general pediatrics in Shiprock, NM. She has two children, Kate and Alex.

Jim Chimiak, MD '87, is finishing his residency in anesthesiology, hyperbaric medicine and pain management. He and his wife, Michelle, have three children, Mike, Jackie and Tom.

Lisa Abernathy Christman, MD '87, has joined a dermatology practice in Raleigh.

David Coggins, MD '87, is a pediatrician at the Laconia Clinic in Laconia, NH. He and his wife, Lisa, have a son, Joshua.

Jim Crowe, MD '87, is working with RSV in a vaccine lab at NIH. **Lisa Crowe, MD '87**, is a family physician practicing halftime at an HMO in Columbia, MD. They have two children, Stephen and Catherine.

Gordon Early, MD '87, is a fellow in occupational medicine at Duke. He is also working on his master's in public health at UNC-CH.

Jimmy Haygood, MD '87, is a fellow in pediatric pulmonology at the University of Alabama at Birmingham. He and his wife, Sandra, have two children, Johnson and Isabel.

Suzy Hove, MD '87, is practicing general internal medicine in Laggard, OR. She and

her husband, Joel, a psychiatrist, have a son, Douglas.

Connie Jones, MD '87, is practicing with a primary care HMO in Placerville, CA.

Cathy Lineberger, MD '87, is residency program director in anesthesiology at Duke. Her husband, Bob, is an internist with Kaiser.

Pete Mueller, MD '87, recently completed a one-year fellowship in Australia. He is now in private practice in Charlotte.

Melisa Moore, MD '87, is a radiologist with Radiological Associates of Sacramento. She and her husband, Mark, have a son, Daniel.

Andrea Nowotny, MD '87, is practicing ophthalmology in New York City. Her husband, Brian, will finish his plastic surgery residency in June. They have two children, Hillary and Brett.

Tom Paulson, MD '87, is practicing in the pediatric ICU at Baptist Medical Center in Columbia, SC.

Jenny Petito, MD '87, is in private practice in Gainesville, FL. **John Petito, MD '87**, is practicing at Florida State University. They have two children, Ben and Ruthanne.

David Robinson, MD, MPH '87, recently became board certified in adult, child and adolescent psychiatry. He is a staff psychiatrist in Auke Bay, AK.

John Saltzman, MD '87, finished his gastroenterology fellowship at Tufts New England Medical Center and is now in his third year as attending general internist at the University of Massachusetts Medical Center in Worcester, MA. He and his wife, Debby, have two daughters, Llanna and Rachel.

David Sheridan, MD '87, is practicing interventional radiology and imaging in Columbia, SC. His and his wife, Kirby, have a daughter, Elizabeth Carlisle.

Robin Stacy-Humphries, MD '87, was elected chief of staff at Lake Norman Regional Medical Center in Mooresville, NC.

Brian Strauss, MD '87, is practicing dermatology in High Point. He and his wife, Andrea, have a daughter, Madison Paige.

William Sutton, MD '87, is a partner in an orthopaedics practice in Wilmington.

Alene Waller, MD '87, recently became board-certified in family practice and is now at the University of Richmond Student Health Center. She and her husband, Richard, a neurologist, have three children, Colin, Gordon and Mary Jane.

Leah Weyerts, MD '87, is with the Allegheny-Singer Research Institute department of human genetics in Pittsburgh. She recently married David Burke.

David Hillsgrove, MD '88, has completed his residency at UCLA and a fellowship in Salt Lake City, both in sports medicine. He has joined Lake Norman Orthapaedic and Sports Medicine Center in Mooresville, NC. He and his wife, Becky, have a daughter, Kelly.

David May, MD '88, is serving in the U.S. Air Force as a radiologist at Wilford Hall Medical Center in San Antonio, TX. He has two children, Dan and Katie.

Robert Silver, MD '88, is an otorhinologist at the Charlotte Eye, Ear, Nose and Throat Associates.

Phil Thwing, MD '88, is a major in the U.S. Air Force stationed in Germany.

Julia L. Blevins, MD '89, completed her residency at Kosay Children's Hospital in Louisville, KY, in '92. She is now in pediatric private practice, and has a son, Tyler.

Brooke A. Bostic, MD MPH '89, completed a residency in family practice in Tacoma, WA, and is now a physician in the emergency department at Culpepper Memorial Hospital in Charlottesville, VA.

Allen Gifford, MD '89, is a fellow in the Robert Wood Johnson Clinical Scholar Program. **Laurel Leslie, MD '89**, is a fellow in behavioral and developmental pediatrics. They have a son, William Micah, and are living in San Francisco.

90s

Robert Berkenblit, MD '90, is practicing in Hartsdale, NY. He and his wife have a daughter, Sarah.

Gary Gartner, MD '90, is in pediatric private practice at the Hitchcock Clinic in Keene, NH.

Wanda Nicholson, MD '90, is a Robert Wood Johnson Clinical Scholar at the University of California at San Francisco.

Gardiner Roddey, MD '90, completed clinical training in gastroenterology at the University of Texas - Houston. He will do research for his third year at M.D. Anderson Cancer Center. **Patty Koury Roddey, MD '90**, completed her second year of dermatology residency at Baylor College of Medicine. They have a son, Richards.

Esther Lee, MD '91, is a dermatology resident at UNC Hospitals. She will begin private practice in July in Cary, NC.

Nancy Clayton, MD '92, is chief psychiatry resident at the University of Colorado Health Science Center in Denver.

Deaths

Claude Lee Yarbro Jr., PhD '54

Photo courtesy of the News & Observer Publishing Co.

Verne S. Caviness, MD '19, greets well-wishers during his 100th birthday party in February at the Carolina Country Club in Raleigh.

Faculty Notes

Clyde A. Hutchison III, MD, Kenan professor of microbiology and immunology, has been elected to the National Academy of Sciences.

Hutchison

"I'm very pleased about this because it represents recognition of a lot of work I have done over the years," Hutchison said. "Other people, such as Dr. Marshall Edgell of our faculty, have been enormously helpful to me, and deserve much of the credit."

Election to the academy is considered one of the highest honors a U.S. scientist or engineer can receive. The 60 new members elected April 25 bring the number of current active members to 1,733, including 10 others at UNC-CH. Hutchison is the 22nd university faculty member elected.

The scientist's father, Clyde A. Hutchison Jr., a physical chemist, was elected to the academy in 1963 while serving on the University of Chicago faculty. It is rare that members of the same family are selected for the honor, according to an academy spokesperson.

The academy is a private organization of scientists and engineers dedicated to furthering science and its use for the general welfare. Established in 1863 by a congressional act signed by Abraham Lincoln, the academy acts as an official adviser to the federal government, upon request, on any science or technology issue.

Suzanne E. Landis, MD, clinical associate professor of family medicine, director of the division of family medicine, Mountain Area Health Education Center, has been selected as an Executive Leadership in Academic Medicine fellow. ELAM, a program sponsored by the Institute for Women's Health at Medical College of Pennsylvania and Hahnemann University, is the only in-depth national program that focuses on preparing women faculty in academic medicine for senior leadership positions. Landis is one of 25 women chosen from a prestigious pool of applicants from academic medical centers across the country.

Nancy M.P. King, JD, associate professor in the Department of Social Medicine, participated in the City of Hope's first national ethics conference May 21-25 in Pasadena, CA. Focusing on ethics in genetic research and therapy, the conference was the inaugural event for the City of Hope's new Institute for Applied Health Care Ethics. Speakers included the nation's leading researchers, clinicians, health policy experts, ethicists and government officials.

King

Founded in 1913, the City of Hope employs the expertise of physicians and scientists who are leaders in their fields and who are committed to working together to provide the latest advances in clinical care and conduct innovative basic research into cancer and other major diseases.

Aziz Sancar, MD, PhD, professor in the Department of Biochemistry and Biophysics, has been elected to the Third World Academy of Sciences in recognition of his contributions to science and its development in the third world. In addition, Sancar was featured on the cover of the December 23, 1994, issue of *Science* for his article on the magazine's Molecule of the Year, titled "Mechanisms of DNA Excision Repair."

Sancar

David S. Sheps, MD, professor of medicine in the Division of Cardiology, has accepted an invitation from the National Institutes of Health to serve as a member of the Behavioral Medicine Study Section, Division of Research Grants. Members are selected on the basis of their demonstrated competence and achievement in their scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors.

Study sections review grant applications submitted to the NIH, make recommendations on these applications to the appropriate NIH national advisory council or board, and survey the status of research in their fields of science.

P. Kay Lund, PhD, has been named University Professor of Distinguished Teaching by UNC-CH. The award was presented by Chancellor Paul Hardin on April 28 at the Carolina Club. One of only two recipients of the 1995 award, Lund is professor of physiology and pediatrics in the Department of Physiology.

Lund

Joseph W. Hall III, PhD, professor of surgery in the Division of Otolaryngology, participated in the Consensus Development Conference on Cochlear Implants in Adults and Children at the National Institutes of Health in May.

Hall

The meeting is part of the consensus development program that brings together biomedical investigators, practicing physicians, consumers and others to evaluate and review the scientific soundness of a health or health-related technology. A primary objective of the program is to provide physicians and consumers with information

regarding the safety and effectiveness of drugs, devices and procedures.

James F. Donohue, MD, associate professor of medicine in the division of pulmonary and critical care medicine, was named as one of "the best medical specialists in North America" by *Town and Country* magazine. The list, which appeared in the February 1995 issue, includes names of top physicians who specialize in treating the 10 biggest killers of Americans ages 45 to 64. The list was first published in 1978 and is updated approximately every five years.

John S. Haskill, PhD, will serve as a member of the Experimental Immunology Study Section, Division of Research Grants, for the term that began Feb. 10, 1995, and ends June 30, 1998. Members are selected by the quality of their research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors.

Harold R. Roberts, MD, Kenan professor of medicine and director of the School of Medicine's Center for Thrombosis and Hemostasis, is an editor of "Molecular Basis of Thrombosis and Hemostasis." The textbook was written for specialists in blood coagulation disorders and includes sections on procoagulant proteins, anticoagulant proteins and their regulators, the fibrinolytic system and platelets.

Doctors Help Chilean Children

Bailey

Faculty members and alumni from the Department of Anesthesiology recently joined a group of plastic surgeons, anesthesiologists and nurses in a humanitarian effort to provide plastic surgery services to children in Chile. **Ann Bailey, MD**, associate professor of anesthesiology and pediatrics, **S. Lynn Carter, MD**, chief resident in anesthesiology, **Elisabeth Montague, housestaff '91-'93**, of Charlotte, and **J.C. Lydon, housestaff '81-'84**, of Melbourne, FL, volunteered their time and efforts for eight days to repair the cleft lips and palates of children in the town of LaSerena.

Carter

The effort, known as Rotaplast, was sponsored by the San Francisco Rotary Club and by area rotary clubs in Chile. Approximately 100 children received surgical care during the trip.

Bowes Receives Distinguished Faculty Award

Watson A. Bowes Jr., MD, Upjohn distinguished professor of obstetrics and gynecology and professor of pediatrics, has received the 1995 Distinguished Faculty Award.

Bowes

Robert E. Sevier, MD '66, president of the Medical Alumni Association, which gives the annual award, made the presentation to Bowes April 21 at the Spring Medical Alumni Banquet in Chapel Hill.

Bowes is the 18th recipient of the Distinguished Faculty Award, which recognizes excellence in teaching, contributions to medicine, leadership in physician continuing education and efforts to improve communications among alumni, faculty and North Carolina residents.

Bowes joined the School of Medicine faculty as a professor of obstetrics and gynecology in 1982 after serving as a major in the Army Medical Corps during the Vietnam War and teaching for 17 years at the University of Colorado School of Medicine. He began his medical career as a resident in general practice, but soon developed a keen interest in high-risk obstetrics, specifically preventing premature births.

"When he joined the UNC faculty, Bowes already had the reputation of being an outstanding clinician and teacher," said Sevier. "Over the past 13 years, he has successfully maintained that reputation by inspiring and imparting wisdom to a generation of students."

In recognition of his teaching excellence, he was named Upjohn Distinguished Professor of Obstetrics and Gynecology in 1982 and received the Hyman L. Battle Distinguished Excellence in Teaching Award in the Clinical Sciences in 1990.

Bowes has authored or co-authored more than 100 articles and nearly 20 chapters on subjects ranging from complications in pregnancies to medical ethics. He has served as an advisor on the Biomedical Ethics Advisory Committee to Congress and on the Committee of Ethics for the American College of Obstetrics and Gynecologists.

Development Notes

Clingman Funds Established

Mr. and Mrs. Joel P. Clingman Sr. of Winston-Salem have pledged to establish two funds to support the programs of the Clinical Center for the Study of Development and Learning (CDL) at the School of Medicine.

The Clingmans have set up the funds in honor of their son, Joel P. "Pat" Clingman Jr., and out of concern for others who, like Pat, have developmental disabilities.

The Joel P. Clingman Jr. Fellowship Fund will provide support for a post-doctoral fellow in psychology, pediatrics, or another discipline. Individuals receiving this fellowship award will demonstrate a career commitment to serving people with developmental disabilities.

The Joel P. Clingman Jr. Advancement Fund will provide support for continuing education and technical assistance programs. This fund will allow for expanded in-service training to professionals providing services to individuals with developmental disabilities.

Mr. and Mrs. Clingman will provide for these funds through the proceeds of a charitable remainder trust of $200,000. The funds will be divided equally to establish the two permanent endowments.

First Endowed Fellowship in Biomedical Engineering

The Glaxo Foundation, the philanthropic arm of Glaxo Inc. in Research Triangle Park, has given $250,000 to endow a fellowship for a graduate student in biomedical engineering at the School of Medicine.

Carolina's biomedical engineering department is one of two in the state, and is unusual because it is based in a medical school rather than an engineering school. It became a full-fledged department in 1992, and now has 16 faculty members, 13 adjunct faculty, and 65 graduate students.

Biomedical engineering includes a wide variety of engineering applications to medicine. In one case last year, UNC-CH biomedical engineers successfully transmitted an echocardiogram of a baby's heart in Wilmington to a pediatric cardiologist in Chapel Hill. Telemedicine can improve the distribution of health care at a relatively low cost, and North Carolina is a leading state in planning telemedicine networks.

"We're delighted that the Glaxo Foundation recognizes the great work of our department of biomedical engineering and wants to support it," said Michael A. Simmons, MD, dean of the School of Medicine. "North Carolinians already benefit from the practical applications of our department's research, and the role of biomedical engineering in health care will continue to grow."

The Glaxo fellowship, worth about $12,500 per year, will be awarded alternately to a graduate student in medical imaging and in computer modeling of physiological systems.

Study Targets Health of Poor Women, Children

Researchers at the UNC-CH Center for Health Promotion and Disease Prevention have received funding for a three-year project aimed at improving the health of indigent pregnant women and their children.

The project, called "Linkages For Prevention," includes scientists from the schools of medicine and public health. It will attempt to improve preventive care for the target population by coordinating segments of the health-care community that often do not interact.

"We hope to get the major providers of health to mothers and children — health departments, hospitals and private physicians — to work to provide care to this population more efficiently," said Peter A. Margolis, MD, assistant professor of pediatrics and principal investigator. "The pilot program, based in Durham, can be expanded to other counties and states if it is successful here."

About 150 indigent pregnant women will be recruited through the Durham County Health Department and matched with public health nurses and early childhood educators.

"The focus will be on helping the mother develop and enhance her own mothering skills," said co-investigator Rachel H. Stevens, EdD, RN, chair of public health nursing at UNC-CH. "The result will be healthier children who are less likely to be abused and neglected."

Patients will also be assigned to private pediatricians and family physicians in Durham. Project coordinators will help entire physicians' office staffs improve delivery of preventive care.

At the end of the project, researchers will assess its impact on maternal and child health and on preventive services of the private physician practices involved. A variety of supporters have funded this project, among them the Robert Wood Johnson and Kate B. Reynolds foundations, the U.S. Centers for Disease Control and Prevention, the N.C. divisions of medical assistance and maternal and child health, Healthsource North Carolina and Connaught Laboratories.

UNC Receives Nutrition Research Grant

Bristol-Myers Squibb/Mead Johnson has awarded a $500,000 nutrition research grant to UNC-CH, the first university to base its nutrition program in both the School of Medicine and the School of Public Health.

The five-year grant will be administered by Steven Zeisel, MD, nutrition department chairman, to enhance medical research and benefit the innovative Nutrition in Medicine Curriculum, which requires nutrition courses for first-year medical students.

The new grant will support continued development of the curriculum as well as human nutrition research being conducted by UNC-CH investigators, said Zeisel, an expert on how nutrients stop cancer from forming.

Alumni Campaigns Update

In what has become a tradition at Spring Medical Alumni Weekend, chairs of reunion campaigns reported the results of their committees' efforts to the dean. All gifts to the medical school, including Loyalty Fund and program-specific contributions, counted towards these totals. The final reunion campaign totals were:

Class	Participation	Percent	Total Cash & Pledges
1955	40/54	76%	$373,472
1960	26/64	41%	$24,225
1965	22/55	40%	$34,036
1970	46/69	67%	$205,735
1975	51/107	48%	$57,550
1985	47/154	31%	$51,010

In addition, regional Loyalty Fund campaigns in Forsyth, Guilford, Mecklenburg and Wake counties concluded their friendly challenge campaigns.

Class	Participation	Percent	Total Cash & Pledges
Forsyth	45/93	48%	$47,630
Guilford	73/150	49%	$38,134*
Mecklenburg	82/203	40%	$62,600
Wake	105/236	45%	$57,455**

**includes $5,050 from Guilford Co. housestaff (40% of 38 alumni)*
***includes $3,305 from Wake Co. housestaff (18% of 56 alumni)*

Regional campaigns in Greater Atlanta, Buncombe County and New Hanover County are scheduled to wrap up on June 30.

National Loyalty Fund Chair John Foust, MD '55, was pleased with the results. "I really appreciate all the hard work by the committees, and especially the chairs, this year. In these fragile times, it's great to see how much alumni care about this great medical school."

Overall, the Loyalty Fund continues to do well this fiscal year. For the period July 1, 1994, to April 15, 1995, 23 percent of alumni have given $367,000, with 203 making Associate-level ($1,000+) gifts. During the same time period in fiscal year 1994, 21 percent of alumni gave $354,000, with 191 making Associate-level gifts.

This year's goals are 35 percent participation, $515,000 in contributions, and 265 Associates. The fiscal year ends June 30. Anyone interested in more information or wishing to make a gift to the Loyalty Fund should call Jane McNeer or Ed Crowder at (800) 962-2543.

Photo by Dan Crawford

National Loyalty Fund Chair John Foust, MD '55, of Charlotte (left) and former Alumni Association President David Rendleman, MD '70, of Raleigh visit at the Wake County Dean's Reception on March 15.

Photo by Dan Crawford

From left: Gordon LeGrand '65, Paul Bowman '95, Bud Harper '60, Shahane Taylor '59, Jim Sloan '70, Dean Mike Simmons, Luther Kelly '46, Carl Phipps '62, Wade Moser '75, Ted Kerner '85, Associate Dean Bill Easterling '56, John Foust '55, Mary Susan Fulghum '71, and Bo Jenkins '55. Not pictured: George Cox '66, Chuck Edwards '73, Otis Fisher '59, Jim Hundley '67, Mike Meriwether '75, Al Shivers '71, and Zeb Weaver '61.

Class Reunion Campaigns

Steering Committees

Fiscal Year 1994-95

Class of 1955 - 40th Reunion

Julian S. Albergotti, Jr., MD, Charlotte, NC
Robert G. Brame, MD, Greenville, SC
Ralph E. Brooks, Jr., MD, High Point, NC
Walter E. Deyton, MD, Danville, VA
John W. Foust, MD, Charlotte, NC
J. Eugene Glenn, MD, Jacksonville, FL
Ira D. Godwin, MD, Fairfax, VA
James W. Hayes, III, MD, Burlington, NC
Charles L. Herring, MD, Kinston, NC
William D. Huffines, MD, Chapel Hill, NC
Samuel G. Jenkins, Jr., MD, Elizabeth City, NC
Robert C. Jordan, Jr., MD, Sanford, NC
Samuel B. Joyner, MD, Greensboro, NC
William L. London, IV, MD, Durham, NC
Clarence R. McLain, Jr., MD, Cincinnati, OH
J. Thaddeus Monroe, Jr., MD, Chapel Hill, NC
Oliver F. Roddey, Jr., MD, Charlotte, NC
C. William Rogers, MD, Lebanon, TN
Robert L. Summerlin, Jr., MD, Dublin, NC
G. Reginald Tucker, Jr., MD, Emerald Isle, NC
W. Wallace White, MD, Cincinnati, OH

Class of 1960 - 35th Reunion

John M. Blount, III, MD, Salisbury, NC
John R. Dykers, Jr., MD, Siler City, NC
R. Spencer Eaves, Jr., MD, Gastonia, NC
Gerald W. Fernald, MD, Chapel Hill, NC
J. Thomas Fox, Jr., MD, Charlotte, NC
James R. Harper, MD, Durham, NC
Charles W. Harris, MD, Charlotte, NC
E. Carwile LeRoy, MD, Charleston, SC
Cecil H. Neville, Jr., MD, Pinehurst, NC
Duncan S. Owen, Jr., MD, Richmond, VA
Robert B. Payne, MD, Mooresville, NC
Elizabeth V. Raft, MD, Durham, NC
Hilliard F. Seigler, MD, Durham, NC
Elliott Solomon, MD, Scarsdale, NY
John J. White, Jr., MD, Winston-Salem, NC
John A. Young, II, MD, Charlotte, NC

Class of 1965 - 30th Reunion

G. William Bates, MD, Greenville, SC
Takey Crist, MD, Jacksonville, NC
Robert V. Fulk, Jr., MD, Wilmington, NC
Charles P. Graham, Jr., MD, Topeka, KS
Robert L. Grubb, Jr., MD, St. Louis, MO
Joe W. Hardison, MD, Fayetteville, NC
Alexander C. Hattaway, III, MD, Raleigh, NC
Joe Paul Hurt, MD, Ph.D., Sylva, NC
Gordon B. LeGrand, MD, Raleigh, NC
Peter A. Modrow, MD, Raleigh, NC
William F. Sayers, MD, Winston-Salem, NC
Evin H. Sides, III, MD, Raleigh, NC
Willis H. Williams, MD, Atlanta, GA

Class of 1970 - 25th Reunion

H. Clifford Baggett, Jr., MD, Rocky Mount, NC
Jerry C. Bernstein, MD, Raleigh, NC
Julian G. Busby, Jr., MD, High Point, NC
Daniel L. Crocker, Jr., MD, Rocky Mount, NC
Richard M. Freeman, MD, Opelika, AL
James O. Goodwin, MD, Henderson, NC
W. Borden Hooks, Jr., MD, Mount Airy, NC
Donald D. Howe, MD, Gastonia, NC
Frederick G. Kroncke, Jr., MD, Rocky Mount, NC
James A. McQueen, MD, Laurinburg, NC
Thomas W. Nicholson, MD, Washington, NC
Edward A. Norfleet, MD, Chapel Hill, NC
David A. Rendleman, III, MD, Raleigh, NC
Thomas A. Roberts, Jr., MD, Charlotte, NC
James B. Sloan, MD, Wilmington, NC
James D. Smithwick, MD, Laurinburg, NC
T. Reed Underhill, MD, New Bern, NC
Ross L. Vaughan, MD, Raleigh, NC
M. Dewey D. Walker, MD, Denver, CO
James W. Winslow, MD, Tarboro, NC
William J. Weatherly, MD, Greensboro, NC

Class of 1975 - 20th Reunion

David G. Bunn, Jr., MD, Wilmington, NC
Frank B. Fondren, III, MD, Mobile, AL
Richard F. Fox, MD, Greensboro, NC
Donald G. Gregg, MD, Greenville, SC
Perry M. Harmon, MD, Fayetteville, NC
Gary M. Henschen, MD, Greensboro, NC
Michael W. Meriwether, MD, Sarasota, FL
Frank J. Miller, MD, Chattanooga, TN
Frank H. Moretz, MD, Asheville, NC
Wade H. Moser, Jr., MD, Raleigh, NC
W. Ronald Neal, MD, Greensboro, NC
Charles J. Parker, MD, Salt Lake City, UT
James E. Peacock, Jr., MD, Winston-Salem, NC
Charles G. Pierce, MD, Ahoskie, NC
Hoke D. Pollock, MD, Wilmington, NC
Van J. Stitt, Jr., MD, Durham, NC
F. Alan Thompson, MD, Asheville, NC
E. Brooks Wilkins, MD, Raleigh, NC
Kenneth H. Winter, MD, Greensboro, NC

Class of 1985 - 10th Reunion

H. Richard Allen Jr., MD, Cary, NC
Calvin A. Bell, MD, Chattanooga, TN
Clyde L. Brooks, Jr., MD, Washington, NC
A. Gray Bullard, MD, Sanford, NC
Leslie A. Bunce, MD, Rochester, NY
George T. Clark, III, MD, Raleigh, NC
Murray B. Craven, III, MD, Charlotte, NC
Laura L. Crow, MD, Greensboro, NC
Kati E. Dessauer, MD, Cary, NC
Donald A. Edmondson, MD, Cary, NC
Mary C. Edmondson, MD, Cary, NC
Kenneth E. Ferrell, MD, Charlotte, NC
Catherine G. Fuller, MD, Los Angeles, CA
Valda O. Gibson, MD, Raleigh, NC
Sheryl A. Gillikin, MD, Fayetteville, NC
James J. Hardy, MD, Charlotte, NC
Charles S. Hayek, MD, Shelby, NC
Keith M. Horton, MD, Rockville, MD
David V. Janeway, MD, Winston-Salem, NC
Bennie L. E. Jarvis, MD, Rocky Mount, NC
Brentley D. Jeffries, MD, Arden, NC
Stuart H. Jordan, MD, Fayetteville, NC
Theodore C. Kerner, Jr., MD, Lewisville, NC
John A. Kirkland, Jr., MD, Charlotte, NC
Mark H. Knelson, MD, Durham, NC
Albert R. Munn, III, MD, Raleigh, NC
Bert C. Piggott, Jr., MD, Roanoke Rapids, NC
Joel E. Schneider, MD, Raleigh, NC
Martin E. Sheline, MD, Atlanta, GA
H. Elizabeth Smith, MD, Roanoke, VA
Michael A. Smith, MD, Kensington, MD
Otis D. Speight, MD, Tega Cay, SC
S. Patrick Stuart, Jr., MD, Winston-Salem, NC
Claudia L. Thomas, MD, Port Washington, NY
Patti B. Wheeler, MD, Highlands, NC
Randall W. Williams, MD, Raleigh, NC
Michael L. Zollicoffer, MD, Baltimore, MD
Sherrie E. Zweig, MD, Durham, NC

Class of 1995 - Fourth-Year Campaign

Michael D. Applegate
R. Brett Atchley
John D. Barbe
David K. Becker
Helen V. Bell
Marc D. Benevides
Joshua E. Bernstein
Douglas A. Blackman
Barbara P. Bluestone
Paul H. Bowman
Peter R. Bream
Stephanie D. Brown
Michele R. Casey
Christina L. Catlett
Paul R. Chelminski
W. Lloyd Clark
Constantine G. Dais
Tricia L. Dickens
David B. Dorofi
Mark A. East
Andres J. Exposito
Richard R. Gessner
Sarah Young Gessner
Carol M. Gibbs
Jennifer D. Gibson
Gerard D. Henry, Jr.
John B. Holtzapple, III
David K. Hutchinson
Elisabeth A. Kahl
Angela M. Keen
E. Allen Liles, Jr.
Lauren H. Lingley
Enid I. Lofters
A. Joseph Lofton
Terry S. Lowry
William D. Lyday, II
Donna L. MacCarthy
R. Skyler McCurley
Michelle L. Nixon
Thomas L. O'Connell, Jr.
John W. Ogle, III
Monica L. Piecyk
Paul D. Rosen
Robert D. Roycroft
Ritu R. Sandhu
Sylvia P. Shoffner
Carol G. Shores
Amanda I. Slater
Carles R. Surles
Sherri V. Taylor

H. Clayton Thomason, III
Maria E. Trent
Kelly M. Waicus
S. Todd Wallenius
Eileen M. Washburn
Deidra E. Woods

Loyalty Fund Campaigns

Steering Committees

Fiscal Year 1994-95

Greater Atlanta Area

Rebecca I. Ayres, MD '81
Harry L. Broome, MD '64
Bobby C. Brown, MD '59
Steven J. Citron, MD '84
George W. Cox, MD '66
Joseph M. Craver, MD '67
Scott K. Garrison, MD '92
Martin E. Sheline, MD '85
Nelson B. Watts, MD '69
Willis H. Williams, MD '65
William Winkenwerder, Jr., MD '81

Buncombe County

Karl F. Bitter, MD '63
Robert M. Boerner, MD '61
Jane Lysko Isbey, MD '81
James D. Ladd, MD '83
A. Sherman Morris, Jr., MD '59
Herbert O. Phillips, IV, MD '81
Stephen R. Shaffer, MD '63
J. Allison Shivers, MD '71
Charles Thomas, II, MD '70
F. Alan Thompson, MD '75
Eric D. Van Tassel, MD '82
Zebulon Weaver, III, MD '61

Forsyth County

Robert M. Alsup, MD '74
Robert J. Cowan, MD '63
Robert L. Green, Sr., MD '59
O. James Hart, Jr., MD '59
Thomas R. Hinson, Jr., MD '79
J. Patrick Holland, MD '80
Howard D. Homesley, MD '67
Stephen M. Hux, MD '82
David V. Janeway, MD '85
David L. Kelly, Jr., MD '59
Theodore C. Kerner, Jr., MD '85
Michael E. King, MD '77
Thomas J. Koontz, MD '66
Laurence B. Leinbach, MD '50
K. Franklin McCain, MD '60
A. Ray Newsome, MD '61
Carl S. Phipps, MD '62
William R. Pitser, MD '62
Harold C. Pollard, III, MD '74
C. Fredric Reid, MD '74
James L. Sanderford, Jr., MD '79
William F. Sayers, MD '65
Sara H. Sinal, MD '71
Thomas C. Spangler, MD '84
C. Stephen Stinson, MD '83
S. Patrick Stuart, Jr., MD '85
Earl P. Welch, Jr., MD '57

Guilford County

Marcus Aderholdt, Jr., MD '41
H. Wallace Baird, MD '69
Paul D. Barry, MD '76
Mary John Baxley, MD '82
Thomas A. Brackbill, MD HS
H. John Bradley, Jr., MD '57
Andrew J. Courts, MD '76
David A. Crews, MD '81
Peter G. Dalldorf, MD '88
Philip C. Deaton, MD '66
Cynthia B. Dunham, MD '85
Elizabeth A. Eagle, MD '79
Gary J. Fischer, MD HS
Otis N. Fisher, Jr., MD '59
J. Curtis Jacobs, MD '86
Peter M. Jordan, MD '85
Richard A. Keever, MD '69
Randy O. Kritzer, MD '83
James T. Massagee, MD '82
Philip J. Nahser, Jr., MD '88
W. Ronald Neal, MD '75
Harold A. Nichols, MD '76
Michael E. Norins, MD '86
Louie Patseavouras, MD '61
David R. Patterson, MD '73
David M. Rubin, MD '68
Stephen B. Schuster, MD HS
Robert E. Sevier, MD '66
David W. Sillmon, MD '63
E. B. Spangler, Jr., MD HS
E. Walker Stevens, Jr., MD '66
Shahane Taylor, Jr., MD '59
Robert A. Wainer, MD '84
Kenneth H. Winter, MD '75
Peter R. Young, MD HS

Mecklenburg County

Julian S. Albergotti, Jr., MD '55
Joseph L. Albright, Jr., MD '82
Thomas A. Barringer, III, MD '79
Bruce H. Berryhill, MD '64
J. Dewey Dorsett, Jr., MD '49
Charles H. Edwards, II, MD '73
John W. Foust, MD '55
J. Stuart Gaul, Jr., MD '44
J. Blake Goslen, III, MD '73
G. Britton Harper, Jr., MD '83
Charles W. Harris, MD '60
William M. Herndon, Jr., MD '81
Stephen W. Hipp, MD '83
Jack B. Hobson, MD '57
Luther W. Kelly, Jr., MD '46
John A. Kirkland, Jr., MD '85
H. Lee Large, Jr., MD '40
David S. Lennon, MD '75
Jonathan O. McLean, MD '71
Darlyne Menscer, MD '79
James C. Parke, Jr., MD '54
Robert B. Payne, MD '60
John H. Rennick, Jr., MD '82
Thomas A. Roberts, Jr., MD '70
Oliver F. Roddey, Jr., MD '55
Timothy G. Saunders, MD '81
Robyn L. Stacy-Humphries, MD '86
Mack W. White, III, MD '79
Richard L. Wing, MD '76
James A. Yount, MD '66

New Hanover County

Charles M. Almond, MD '70
J. Robinson Harper, Jr., MD '84
John M. Herion, MD '83
James D. Hundley, MD '67
J. Eugene McMurry, Jr., MD '80
H. Grady Morgan, Jr., MD '77
Kenny J. Morris, MD '62
Joseph M. Payne, Jr., MD '84
Frank R. Reynolds, MD '43
James B. Sloan, MD '70
James W. Snyder, MD '69
John H. Stanley, Jr., MD '77
G. Terry Stewart, MD '71
William R. Sutton, MD '87

Wake County

H. Richard Allen Jr., MD '85
Joseph P. Archie, Jr., MD '68
Jerry C. Bernstein, MD '70
Robert H. Bilbro, MD '66
Gerald W. Blake, MD '67
Daniel E. Brown, MD '65
Donald C. Brown, MD '74
Paul L. Burroughs, Jr., MD '66
Marjorie B. Carr, MD '76
George T. Clark, III, MD '85
James S. Coxe, III, MD '71
Walter E. Daniel, Jr., MD '79
Donald G. Detweiler, MD HS
David R. Edrington, MD HS
C. Allan Eure, MD '67
David M. Fajgenbaum, MD HS
Sharon M. Foster, MD '79
James S. Fulghum, III, MD '71
Mary Susan Fulghum, MD '71
Hugh J. Grant, Jr., MD '69
H. Gerard Hartzog, III, MD '62
Walton K. Joyner, Jr., MD '86
William A. Lambeth, III, MD '71
H. Kenneth Leatherman, MD HS
Gordon B. Legrand, MD '65
Leigh S. Lehan, MD '81
R. Frank Lowry, Jr., MD '68
W. Jason McDaniel, Jr., MD '67
Sheppard A. McKenzie, III, MD '74
R. Glen Medders, MD '84
W. Stacy Miller, MD '61
Lanning R. Newell, MD '75
Dewey H. Pate, MD '58
H. Clifton Patterson, III, MD '74
Charles V. Pope, MD '76
David A. Rendleman, III, MD '70
J. Flint Rhodes, MD '62
D. E. Scarborough, MD '62
Joel E. Schneider, MD '85
Nathaniel L. Sparrow, MD '57
Sharon R. Stephenson, MD '84
Charlotte A. Sweeney, MD HS
Lisa A. Tolnitch, MD HS
Ross L. Vaughan, MD '70
George C. Venters, MD '71
John T. Ward, MD HS
Richard H. Weisler, MD '77
Steven R. Wells, MD HS
Pamela J. Whitney, MD HS
Annie Louise Wilkerson, MD '36
Randall W. Williams, MD '85

News Briefs

Conference Honors Community Preceptors

The School of Medicine's Office of Community Medical Education and Area Health Education Centers Program honored community physicians who train UNC-CH medical students April 29 during the first Preceptor Appreciation Weekend in Chapel Hill. The conference was held at the Friday Center, and featured speakers, workshops and student poster presentations.

"Community physicians are truly on the front line in dealing with the total health care needs of North Carolinians," said Michael C. Sharp, MD, director of OCME. "For that reason, they are particularly well-placed to serve as mentor-teachers for our students.

"We value the extra effort it takes to teach students while running a community practice, and we organized this event to celebrate and acknowledge that effort," he added. The effort is especially important, Sharp noted, now that first- and second-year medical students must complete a new course, Medical Practice and the Community. "Each student will spend six weeks, spread out over two years, at a community practice in North Carolina to allow for extensive contact between the student and the community," he said.

Guest speakers included Jo Ivey Boufford, MD, principal deputy assistant secretary of the Department of Health and Human Services, and Robert Coles, MD, Pulitzer Prize-winning author and psychiatrist.

Community Service Honor Society

Forty-six UNC-CH medical students were honored for outstanding service at the School of Medicine's first Community Service Day April 29 in Chapel Hill. The students were inducted into the Eugene S. Mayer Community Service Honor Society, named for the late director of the Area Health Education Centers Program. Mayer died in November 1994.

"We believe this is the first honor society established for the sole purpose of recognizing medical students for community service," said Michael C. Sharp, MD, director of the Office of Community Medical Education. "It is a fitting tribute to Gene Mayer, who was an ardent advocate of community medical education."

Third-Year Student Named AMSA Leader

The American Medical Student Association recently named Tamara Howard, a third-year student at the School of Medicine, as Senior Trustee-At-Large. In this capacity, she is responsible for the planning and oversight of AMSA's House of Delegates and the education of AMSA membership on the policy-making process.

AMSA is the oldest and largest independent medical student organization in the country, developed and governed by physicians-in-training. Its membership of more than 30,000 represents every U.S. medical school.

Munson Testifies on Medicare Reimbursement

On behalf of the Association of American Medical Colleges, Eric B. Munson, Hospitals executive director, explained to members of the House Ways and Means Subcommittee on Health that "...today's conventional wisdom says we are too expensive; we know also that in today's scientific age, we are priceless."

Munson

The subcommittee held a hearing March 23 on new Medicare policies on reimbursement for graduate medical education and the payment for services in teaching hospitals. Munson testified that "academic medicine and teaching hospitals are in a period of extraordinary and tumultuous change. My colleagues and I have enthusiastically engaged in this revolution in health care delivery . . . we are part of the national movement to get costs under control as well as maintaining and expanding access to care for all Americans."

Munson told subcommittee members that teaching hospitals are complex institutions with additional societal responsibilities that make it harder for them to compete in an environment where price is the driving force. Teaching hospitals finance these additional services through a complex and delicate system of cross-subsidized revenues derived from patient care, including payments from the Medicare program, Munson said.

Munson also pointed out that teaching hospitals rely on the Medicare indirect medical education and direct graduate medical education payments and that reduced support from the Medicare program will make it more difficult for teaching hospitals to sustain their societal role.

Mini-Medical School

"Incredible speakers and an incredible evening!"

"Pictures and explanations were excellent."

"It was obvious to me that the speakers really are interested in their topics. Their enthusiasm for their subject matter was stimulating!"

Those were just some of the many positive comments received from among the 473 people who attended the first night of the UNC Mini-Medical School, a seven-week community lecture series sponsored this spring by the School of Medicine and UNC Hospitals, with support from Glaxo Inc.

The program, designed to give lay audiences first-hand experience with the science that underlies the modern practice of medicine, featured more than a dozen members of the medical school's basic sciences and clinical faculty.

Kathleen Sulik, PhD, professor of cell biology and anatomy, was course director for the Mini-Medical School. She said program content "included introductions to much of the material taught to first- and second-year medical students. Our intention was to teach in ways that show connections between vital basic scientific work and the best in patient care."

Faculty members participating in the lecture series were Thomas W. Sadler, PhD, professor of cell biology and anatomy and director of the UNC Birth Defects Center; Don K. Nakayama, MD, associate professor of surgery and chief of pediatric surgery; Gerry S. Oxford, PhD, professor of physiology; Paul B. Farel, PhD, professor of physiology; John J. Lemasters, MD, PhD, professor of cell biology and anatomy; Oliver Smithies, MA, DPhil, excellence professor of pathology; R. Jude Samulski, PhD, associate professor of pharmacology and director of the UNC Gene Therapy Center; Edison Liu, MD, associate professor of medicine and epidemiology; Beverly Mitchell, MD, professor of medicine and pharmacology and chief of hematology and oncology; T. Kendall Harden, PhD, professor of pharmacology; Richard C. Boucher Jr., MD, professor of medicine and director of the UNC Cystic Fibrosis/Pulmonary Research and Treatment Center; Jeffrey Frelinger, PhD, Sarah Graham Kenan professor of microbiology and immunology; Ronald Swanstrom, PhD, professor of microbiology and immunology and of biochemistry and biophysics; Charles van der Horst, MD, associate professor of medicine; Michael A. Simmons, MD, professor of pediatrics and dean of the School of Medicine; Larry R. Churchill, PhD, MDiv, professor and chair of social medicine; Robert C. Cefalo, MD, PhD, professor of obstetrics and gynecology and director of maternal-fetal medicine; Arthur Aylsworth, MD, professor of pediatrics; Watson A. Bowes, MD, distinguished professor of obstetrics and gynecology; Nancy M.P. King, JD, associate professor of social medicine and adjunct professor of law.

Photo by Dan Sears

Stephanie Kaplan, MD, Hospitals' housestaff, receives training in anesthesiology through use of the anesthesia simulator, a computer-controlled mannequin that simulates actual patient conditions.

Virtual Reality in Anesthesia

How do anesthesia students learn what happens to patients during cardiac arrest, hypotensive shock or various arrhythmias? With the anesthesia simulator, a computer-driven mannequin that breathes, has a pulse and produces urine. The mannequin is hooked up to the same instruments as human patients are in an operating room, intensive care unit or emergency room. By using simulated events, a group of physicians from the Department of Anesthesiology called "SIMTEAM" helps residents and medical students learn without endangering patients.

The project is headed by Eugene B. Freid, MD, assistant professor of anesthesiology. Phillip Boysen, MD, professor and chair of the department of anesthesiology, helped develop the nearly 60 different patient simulations incorporated into the patient simulator.

An educational grant from Burroughs Wellcome provided the funds necessary to implement patient simulation at UNC.

Photo by Dan Crawford

Robert Bashford, MD, clinical assistant professor of psychiatry, uses body language to help impart his pearls of wisdom to fourth-year medical students.

From the Silly to the Sublime

Pearls Day '95 attracted its usual standing-room-only audience gathered to listen to physicians invited by the fourth-year class to deliver pearls of wisdom.

Some pearls were delivered with tongue firmly planted in cheek:

All bleeding eventually stops.

All persons in three-piece suits are lawyers until proven different.

Others were more practical:

Protect time with your family; attend all birthday parties.

Every physician should be a cornfield psychiatrist.

Eat and sleep when you can.

Still others were absolutely serious observations about the physician/patient relationship:

Before there is disease, there is the person.

Remove arrogance from your dealings with patients.

Ninety-eight percent of people over 65 are not demented. Expect your elderly patients to be competent and capable.

Caring isn't enough; you must acquire knowledge.

There is no substitute for a comprehensive physical exam.

Listen to your patients. Use phrases such as, "Tell me about it."

Congratulations to the 1995 Pearls Day speakers:

Harold C. Pillsbury III, MD, Surgery
Claire B. Wilcox, MD, Radiology
Henry R. Lesesne, MD, Medicine
Don K. Nakayama, MD, Pediatrics
Robert A. Bashford, MD, Psychiatry
William B. Blythe, MD, Medicine
W. Paul Biggers, MD, Surgery
Robert N. Golden, MD, Psychiatry
Watson A. Bowes Jr., MD, Obstetrics/Gynecology
John S. Kizer, MD, Medicine
James H. Scatliff, MD, Radiology
Vern L. Katz, MD, Obstetrics and Gynecology
Charles M. van der Horst, MD, Medicine
James A. Bryan, MD, Medicine
Mark J. Koruda, MD, Surgery
Byron A. Lindsey, MD, Psychiatry
Leonard A. Parker Jr., MD, Radiology

Building Dedication Honors Hargrove 'Skipper' Bowles Jr.

Family members, alcohol studies researchers and administrators dedicated the Hargrove "Skipper" Bowles Building on the UNC-CH campus on May 18.

Speakers included Skipper Bowles' son Erskine, deputy chief of staff to President Clinton; Dr. Mary DuFour, deputy director of the National Institute on Alcohol Abuse and Alcoholism; Moyer Smith, president of the Educational Foundation; Michael A. Simmons, MD, dean of the medical school; Fulton Crews, MD, director of the Bowles Alcohol Studies Center; and John Ewing, MD, founding director of the center. Also speaking were Stuart Bondurant, MD, medical school dean emeritus; Holly Bowles Blanton, Hargrove Bowles III and Hargrove Bowles IV.

"We are here to honor Skipper Bowles, a man whose love for this university was extraordinary," Simmons said. "We are also here to recognize his faith in humanity, and in the ability of human beings to overcome the disease and the addiction that is alcoholism through education, fundamental research and treatment.

"The Hargrove 'Skipper' Bowles Building demonstrates the joint commitment of the University of North Carolina at Chapel Hill School of Medicine and the North Carolina General Assembly to furthering the understanding, prevention and treatment of alcoholism and alcohol abuse," said Simmons.

The building, on the corner of Manning Drive and South Columbia Street, houses the Bowles Alcohol Studies Center. Bowles sponsored the legislation that in 1970 created the center. Its primary goal is to discover the causes of alcoholism and to develop treatments and the tools to foster prevention of alcoholism.

President's Letter

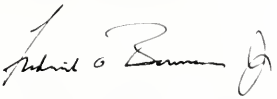
It is my pleasure and honor to greet you as the new president of our Alumni Association. Our association has certainly grown over the years and during this time it gained a major leadership role in supporting our School of Medicine. Our immediate past president, Bob Sevier, is to be congratulated on a job well done. Bob was an active president, with a great concern for the alumni and the school. Fortunately, he has promised to be available for additional duties as the need arises.

The spring alumni meeting held April 21-22 was a definite success. The Spicer-Breckenridge lecture by Dr. Carole L. Warshaw of Chicago titled "Domestic Violence: Challenges to Medical Practices" and the CME program on Saturday were well received. Workshops on exploring E-mail, UNCLE and the Internet were offered. Classes of 1945, '55, '60, '65, '70, and '75 held reunions. The Distinguished Service Awards and Distinguished Faculty Award are noted elsewhere in this issue. All in all, the meeting gets a good grade. However, we do want to improve our attendance and we are open to suggestions as to how we might accomplish this.

Over the years, our association has made great strides in communication between the school and the alumni. The Alumni Office reports that more than 120 alumni are now signed up with the Internet and that the Medical Alumni Association Computer Laboratory is a great success. Our association has done an outstanding job in raising funds for the school. Our enthusiastic Loyalty Fund campaign chair, John Foust, reported at the spring meeting that we were well on our way towards our Loyalty Fund goal and that we already have more Loyalty Fund Associates than in previous years. Joe Russell reported that the Medical Endowment Fund has almost $1 million in cash and pledges. There are 35 scholarships being awarded by the Loyalty Fund, and the Endowment Fund continues to increase research grants to students, housestaff and faculty. When you read this letter, the '94-'95 campaign will have ended. I have no doubt we will have reached our goal.

This next year you will be asked to continue your generous financial support of our institution and I'm sure you will. In addition, our school may need more support in the years to come. All of you are aware of the difficulties facing the University of North Carolina, its various campuses and components. As this issue goes to press, there is great uncertainty as to budgetary decisions being debated in the State Legislature. Even though there may be serious short term consequences, we must prepare for the long term. The University and the School of Medicine will surely need the support of all alumni in ways other than direct donations. We have some thoughts about this here in Chapel Hill, and you can expect to hear from us in this regard.

I look forward to meeting more of you and to working with all of you in efforts to benefit our school and alumni. Please let us know if you have suggestions as to how the Alumni Association or School of Medicine can be of assistance.



Frederick O. Bowman Jr., MD '50

CME/Alumni Calendar

	Medical Alumni Activities	
June 29-July 2	Changes and Challenges in Anesthesiology	Hilton Head
July 10-21	Literacy Summer Institute	Chapel Hill
July 17-21	Training Opportunities for Teachers of Autistic Children: Both "Elementary & Adolescent" and "Preschool and Early Adolescent" sections (Both sections also offered July 24-28; July 31-August 4; August 7-11)	Chapel Hill
July 30-August 4	Understanding & Managing Disorders of Attention and Learning During Childhood (The Clinical Center for the Study of Development and Learning)	Research Triangle Park
August 2-5	Pediatric Flexible Bronchoscopy Course	Chapel Hill
September 8	Urinary Incontinence	Chapel Hill
September 8-9	ALSO	Chapel Hill
September 15-17	4th Annual UNC/Duke Rheumatology Update	Chapel Hill
September 23-24	ACLS	Chapel Hill
September 28-October 1	Ross Society Annual Meeting (OB-GYN)	Duck, NC
October 6	Domestic Violence	Chapel Hill
October 6-7	Fall Medical Alumni Weekend	Chapel Hill
October 8-13	TEACCH Residential Training	Durham

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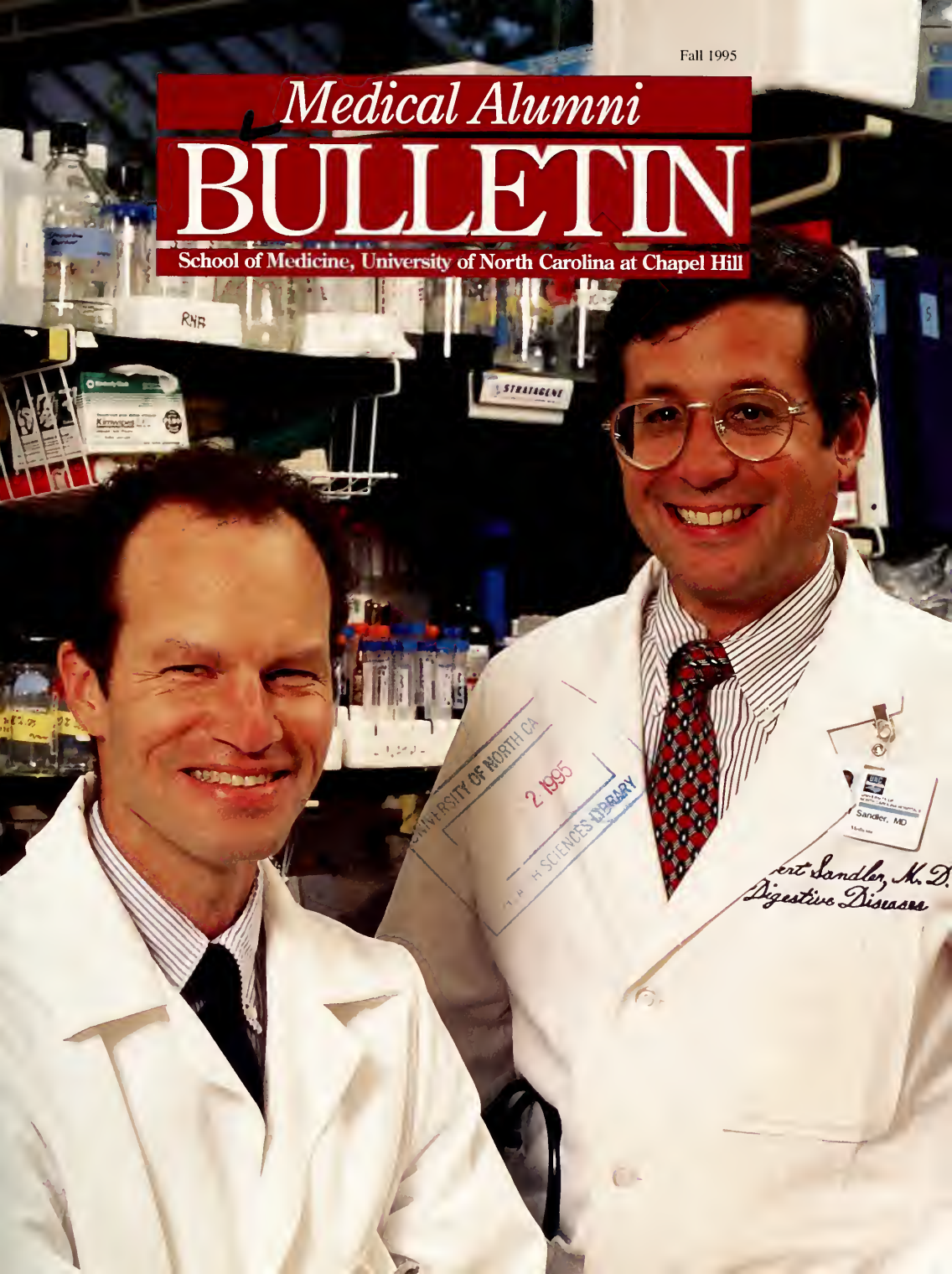
Fall 1995

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



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Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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The *Medical Alumni Bulletin* is published four times annually by the UNC-Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the non-profit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Medical Center Public Affairs, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

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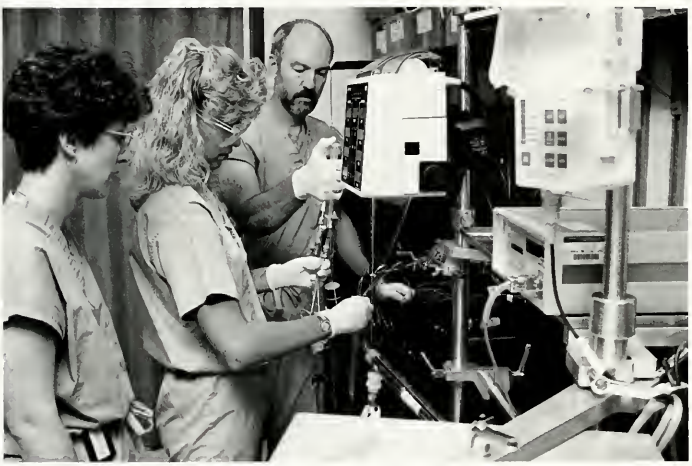
On the Cover: From left, David Brenner, MD, and Robert Sandler, MD, co-directors of the Center for Gastrointestinal Biology and Disease. *(Photo by Don McKenzie)*

Corrections: In the June issue, Frank T. Stritter was incorrectly identified as an MD; he is a PhD. In the March issue, the facility rendering on page 7 is by HKS, Inc., not Hakan/ Corley & Associates, Inc.

ECMO Therapy Comes to UNC



ECMO Coordinator Melinda Berube, RN, instructs ECMO therapists Lucy Cirocco (center) and Paul Jones in a lab session. Twelve respiratory therapists recently completed the ECMO training course.

by Nancy L. Kochuk

On Sept. 1, UNC Hospitals added ECMO to its array of support systems to care for critically ill newborns and pediatric patients. ECMO (extracorporeal membrane oxygenation) is now considered standard therapy for full-term newborns with severe respiratory failure.

ECMO is a complex machine that breathes and pumps blood artificially outside of the body while the patient's own heart and lungs rest and heal themselves. But if you talk to Lela Brink, MD, head of the pediatric intensive care unit and one of the directors of ECMO, her first comments center not on the technology, but on all the people who have pulled together to make this program happen.

"The cooperation has been incredible," she says. "The faculty, the nursing staff, materials management, pharmacy, personnel, purchasing, social work, the OR." The list of people and departments who have had a hand in getting the ECMO program up to speed is mammoth, she says. "We have tapped the good will of nearly a hundred people throughout the Hospitals to get this new system in place."

Melinda Berube, RN, the ECMO coordinator, also is enthusiastic about the collaboration. "There's no way we could have gotten the staff trained and the equipment up and running without the help of lots and lots of people. We're grateful for all of the support."

The therapy itself has an impressive track record with neonates (infants from birth to 30 days) because the causes of respiratory failure in infants are frequently reversible, says Don Nakayama, MD, chief of pediatric surgery and ECMO co-director. (Carl Bose, MD, director of the neonatal ICU, is the third ECMO co-director.)

"The survival rates for infants undergoing ECMO for certain conditions is now more than 90 percent, compared to 20 percent for conventional therapy," Nakayama says.

With the volume of newborn and pediatric critical care patients at UNC Hospitals increasing every year, Nakayama sees this advanced respiratory support as absolutely necessary for comprehensive care. In the past, he says, UNC Hospitals has sent infants needing ECMO to Duke, but patients sometimes did not survive the trip. And patients that otherwise would have been referred to UNC Hospitals often were referred elsewhere because there was no ECMO program. But, he adds, that's all changed because the system is up and running.

ECMO has been used most often for newborns, but Nakayama also sees the therapy as a boon to pediatric patients who suffer profound respiratory failure from infection, inhalation complications from burn injuries, or near-drowning. By putting these patients on ECMO, he says, doctors will be able to avoid many of the complications associated with lengthy periods on a ventilator.

During the first year of operation, some 10 to 12 patients are expected to benefit from the new technology. The length of the runs could range from several days for newborns to several weeks for pediatric patients.

As an ECMO center, UNC Hospitals will join the national patient registry which is following up on the 8,000 infants across the country who have already had ECMO therapy. Giving physicians access to this kind of database will enhance their ability to use ECMO effectively, Brink, the pediatric ICU director, says.

Neonatal and pediatric ICU staff see another important benefit to the program.

"With ECMO in place," says Brink, "we now have a standard support system to back up any new or alternative therapies, such as inhaled nitric oxide for pulmonary hypertension or liquid ventilation, that doctors may want to use. ECMO is a kind of safety net that allows us to move forward." □

Strategies Seek to Reduce Second Heart Attacks

by Robin C. Gaitens

Moderation and lifestyle change may not be exciting, but they're key components of new life-saving treatment strategies for patients with heart disease. The strategies were announced July 1 by the American Heart Association. The AHA reports that more than 11 million Americans are living with coronary artery disease and approximately 1 million others will suffer a heart attack this year.

Recent scientific research shows that use of these strategies will sharply reduce a cardiac patient's need for bypass surgery and angioplasty — as well as their danger of dying from subsequent heart attacks or heart failure — if they receive the kind of ongoing, risk-lowering medical care now available.

"The results of several major new research studies have made it possible to put all the pieces together for the first time," says Sidney C. Smith Jr., MD, chief of Cardiology in the School of Medicine and president of the AHA. "We now have a comprehensive package of risk-reduction strategies that can have a significant impact on how people feel and how long they live after having a heart attack or developing severe atherosclerosis." Smith unveiled the strategies to local news media during a press conference June 30.

The strategies for comprehensive risk reduction emphasize smoking cessation, lipid management, regular physical activity, weight management, blood pressure control, estrogen replacement therapy in postmenopausal women, and treatment with medications ranging from simple aspirin to ACE inhibitors and beta-blockers. Specific recommended interventions include:

- Complete smoking cessation including counseling and nicotine replacement, when necessary
- AHA Step II diet (less than seven percent saturated fat, less than 200 mg cholesterol intake per day); drug therapy, if needed, to reduce "bad" LDL cholesterol to below 100 milligrams per deciliter (mg/dl), raise "good" HDL cholesterol above 35 mg/dl and lower triglycerides below 200 mg/dl
- After risk assessment, a minimum of 30 minutes of physical activity three or four times each week
- Intensive weight loss diet and physical activity in patients whose weight is more than 120 percent of the ideal for their height; special emphasis on weight loss in patients with high blood pressure, blood sugar or cholesterol
- Aspirin, 80 to 325 mg/day, or wayfarin in heart attack patients unable to take aspirin
- Early use of ACE inhibitor drugs in stable heart attack patients, continued indefinitely in those with signs of weakened left ventricular function or heart failure
- Beta-blocker drugs in high-risk patients, started five to 28 days after heart attack, continued a minimum of six months
- Consideration of estrogen replacement in all postmenopausal women
- Lifestyle modification — weight control, physical activity, alcohol moderation and moderate sodium restriction — in all patients with blood pressure over 140/90 mm/Hg; medication, as needed, if the lower blood pressure goal is not achieved within three months or if pressure initially is above 160/100 mm/Hg

Sidney C. Smith Jr., MD, chief of Cardiology, became president of the American Heart Association on July 1.

Heart disease studies have shown that about two-thirds of female and 73 percent of male heart attack victims live through the initial attack. But about a third of these survivors die within four to eight years, from either the continuing ravages of coronary disease or complications such as heart failure. And the eight- to 12-year survival rate is only about 50 percent. A key contributor to the mortality rates is the fact that about two out of three heart patients are not in comprehensive follow-up treatment.

"We need to help patients understand that, after a heart attack, angioplasty or a bypass, it's crucially important to treat the disease processes that led up this event," Smith says, "and that failure to follow up with preventive care could lead to the same thing again, or worse."

Do the new strategies mean people have to give up high-fat foods such as ice cream? "If you want ice cream, go ahead and have some, but adjust your fat intake in other areas. You can have it, just not very often," says Smith, who practices what he preaches by limiting his intake of bacon to twice a year, according to a feature article that appeared in the *Raleigh News & Observer*.

During his *News & Observer* interview at UNC Hospitals, Smith emphasized taking advantage of one's surroundings to be more physically active. "I turn my environment into a gymnasium," he says, while bounding up four flights of stairs, two stairs at a time, leaving the reporter and photographer following him breathless and sweating.

Smith estimates that comprehensive application of these strategies could lead to a decrease of 25 to 30 percent in mortality among heart disease patients, which could save tens of thousands of lives in the U.S. each year. □

Protein Engineering — And All That Jazz

Clyde Hutchison was attending a meeting of researchers in England last April when a receptionist handed him a note. It was a phone message from his parents back in the states congratulating him on being elected to the U.S. National Academy of Sciences.

"At first I was very excited," he says. "But then I got paranoid and started wondering if it was a hoax. So I went to my room and called my answering machine here to see if anyone had been trying to get in touch with me."

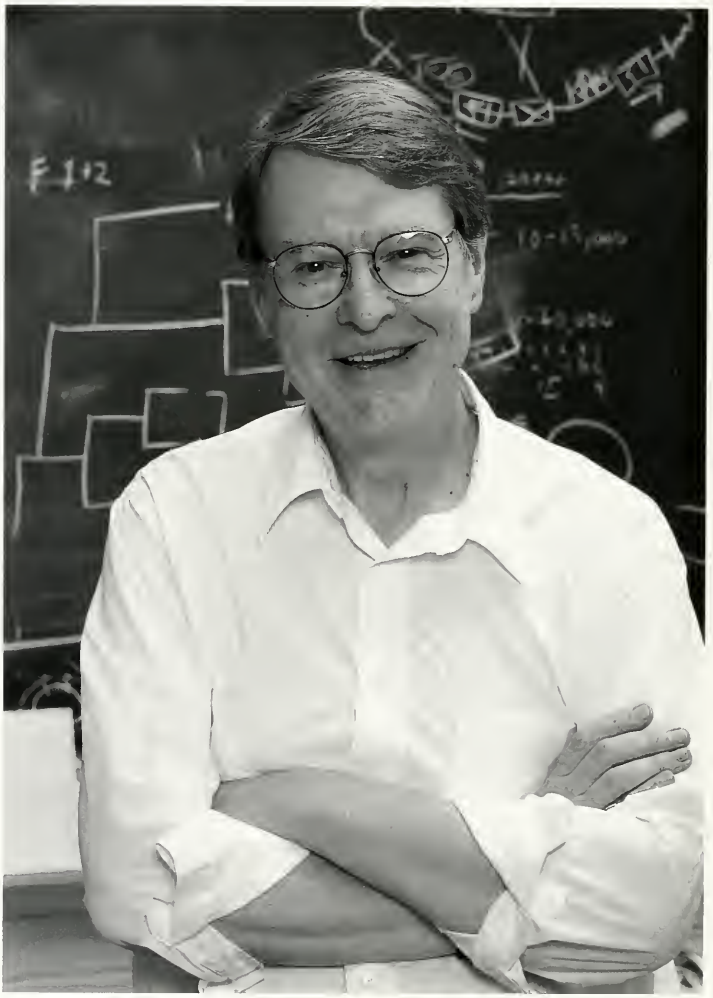
Hutchison was relieved to hear a message on his machine from Royce Murray, Kenan professor of chemistry at UNC-CH and a member of the academy. Murray was calling from the academy's annual meeting in Washington, D.C., to congratulate him.

That meant it was true that Hutchison, Kenan professor of microbiology and immunology, had in fact just been elected to the academy, one of the highest honors a U.S. scientist or engineer can receive. Hutchison's election brings to 22 the number of UNC-CH faculty members who have been invited to join.

The academy is a private organization of scientists and engineers dedicated to furthering science and its use for the general good. Established in 1863 by a congressional charter signed by Abraham Lincoln, the academy acts as an official adviser to the federal government, upon request, on any science or technology issue.

When he is formally inducted into the academy next spring, Hutchison will sign the registry and become part of a legacy of more than 2,000 scientists that includes Thomas Edison, Albert Einstein and Albert Sabin.

Hutchison credits his father, Clyde Hutchison Jr., a physical chemist who himself was elected to the academy in 1963, with spurring his interest in nearly every kind of science. Ironically, his father's only advice was to steer clear of biology, which



Clyde A. Hutchison III, PhD

the senior Hutchison described as "sort of a messy business" and "not entirely respectable," his son recalls.

Hutchison has fond memories of spending time in his father's lab at the University of Chicago. By age 10 or 11, he was heavily into electronics and spent considerable time there building radios and vacuum tube circuits. But what impressed him most was that no matter what time he and his father went to the lab, people were always there. "People were there at all hours of the day and night because they liked what they were doing," he says. "That really intrigued me."

Hutchison says he got interested in biology quite by accident. As an undergraduate receiving financial aid at Yale, he was required to have a part-time job on campus. "Freshman year," he says, "everyone worked in the dining hall. But by the second year, you could expect something more related to your career aspirations."

Before leaving campus that first year, Hutchison arranged to work with an astrophysicist in the astronomy department, but when he returned to campus in the fall, the job had been given to somebody else.

"The financial aid people offered me a job in accounting, but I pleaded with them to give me something, anything besides accounting," Hutchison says. "They finally came up with a job in the biophysics department, and I figured it was the best I was going to do."

His interest in biology blossomed, and his first publication, on bacterial spores, came out of his work in the lab. While majoring in physics at Yale, Hutchison decided to apply to graduate school in both biology and physics. He ended up at Cal Tech, earning a doctorate in biophysics and genetics.

Hutchison joined the UNC faculty in 1968, at a time when there was relatively little going on in the area of molecular biology. Now his laboratory enjoys a national reputation, largely the result of his work and that of Marshall Edgell, Kenan professor of microbiology and immunology, who also emigrated to Chapel Hill from Cal Tech.

Hutchison has been a leader in the development of many different molecular biology tools, such as restriction enzymes, DNA sequencing technologies and mutagenic techniques. Colleagues say he has been consistently innovative in his work over the past three decades.

Hutchison himself describes how the field of molecular biology has changed during his watch: "Thirty years ago, if you had some sort of mutation or genetic disease, there was an understanding that this meant there was a change in the DNA, but there was no knowledge of how to find out what the particular change was. Being able to identify the specific changes involved in mutations provides a whole new insight into what's causing genetic diseases. The process also has practical application in terms of designing genes to make new kinds of proteins.

"We have completely changed our approach to problems in genetics," he says. "When the first DNA sequences became available, it seemed as if determining the sequence of DNA was the final step in analyzing a gene. Now we know it's just the beginning."

Besides being an internationally acclaimed researcher, Hutchison is also a respected teacher and mentor.

"In the lab, Clyde gives students a lot of room and encouragement to develop their own approach and style," his friend and collaborator Edgell says. "He is not judgmental. He doesn't try to force a student into a preconceived mode of operation."

"Clyde provided a stimulating, intellectual environment in which to do research," says Rick Padgett, a former graduate student who is now an assistant professor of molecular biology and biochemistry at Rutgers University's Waksman Institute. "He gave us a lot of freedom to pursue problems on our own. In a field where there's a lot of pressure to produce a lot of data, Clyde focused more on the intellectual framework. We were all stimulated by ideas rather than by deadlines."

While many people in the scientific community know of Hutchison's intellect and creativity, they may not know that he has applied his many talents to another passion: music, especially jazz derived from the bebop period. An accomplished jazz pianist, Hutchison enjoys playing gigs occasionally in area clubs and restaurants.

He pops up in some interesting places — the Angus Barn restaurant in Raleigh, for example, where he played with a vocalist and bass player on Saturday nights for several months last year. Earning regular paychecks from that gig, Hutchison says, "made me feel like a real musician." It also meant he earned enough to receive a Form 1099, the IRS miscellaneous income form.

So in April, as his scientific peers were preparing to recognize him with their highest honor, Hutchison was busy with the more mundane task of figuring out how the 1099 would affect his taxes. □

—*N.L.K.*

Finding Answers to Clinically Relevant Questions

by Katharine C. Neal

They affect millions of people in the United States. And, while they rarely cause death, they are the third leading cause of hospitalization after heart disease and pregnancy, costing this country billions of dollars each year in doctor visits, over-the-counter medicines and time lost from work.

Despite the compelling facts, most people can't quite bring themselves to discuss digestive disorders and diseases.

"People are embarrassed to talk about bowel functions," says Robert S. Sandler, MD, co-director of the Center for Gastrointestinal Biology and Disease at UNC. "They are far more comfortable discussing their heart by-pass surgery with friends than diarrhea or incontinence."

The center — one of only 12 in the country and the only one of its kind in the Southeast — celebrates its 10th anniversary this year, having recently received a five-year renewal grant of $3.5 million from the National Institutes of Health. More than 50 faculty members at Carolina and N.C. State University promote research and teaching in all aspects of gastrointestinal biology, physiology and epidemiology.

"What's unique about the center is its ability to bring together clinical and basic science investigators from diverse disciplines, especially from these two different but complementary institutions," Sandler says.

At UNC, the activities are based in the medical school. At State, they are based in the School of Veterinary Medicine.

R. Balfour Sartor, MD, one of the center's associate directors, is looking at the roles of inflammation, the immune system and genetics in inflammatory bowel disease. "With our N.C. State colleagues, we are looking at rodent models that develop spontaneous inflammation," Sartor says. "Those models show a compelling connection between genes and inflammatory bowel disease."

"But genes are not the complete picture," Sartor adds. "We suspect there are environmental factors at work."

David Brenner, MD, chief of Digestive Diseases, with research assistants (from left) Scott Magness, Laura Licato and Cyndi Bradham.

One of those factors may be normal bacteria found in the intestines. Again in concert with N.C. State, UNC researchers work with "germ-free" rats and mice, born and raised in a sterile environment.

"Genetically susceptible rats raised under sterile conditions have no evidence of inflammation, but when we put them in a normal environment, they quickly develop intestinal inflammation," Sartor explains. "It leads us to the hypothesis that chronic intestinal inflammation is a genetically determined, abnormal immune response to normal bacteria that live in the small intestine and colon. Both factors — the genetic susceptibility and reaction to normal bacteria — must be in place."

Sartor and his fellow researchers are now looking at which genes and bacteria may be involved. Gene therapy and a vaccine are potential long-term outcomes.

Patients also benefit from the experts under the center umbrella. Sandler cites the work of Doug Drossman, MD, and William Whitehead, MD, center members and co-directors of the Functional Gastrointestinal Disorders Center, and Kim Isaacs, MD, director of the Inflammatory Bowel Disease Clinic. All have well-established reputations for helping patients cope with the difficult challenge of bowel disorders and diseases.

"We really have a unique blend of experts who are trying to answer questions that are clinically relevant," says David Brenner, MD, center co-director and chief of the Division of Digestive Diseases. "We also have a large cadre of patients, which allows us to maintain multiple drug trials."

Another important feature of the center is a program which funds pilot/feasibility studies involving new or established investigators who deal with the biology of the gastrointestinal tract.

Between 1985 and 1993, the center provided $770,207 to fund 30 projects. As of 1994, data generated from these studies have been used to obtain subsequent grants with more than $9.3 million in total direct costs. "This program clearly has an important ripple effect," Sandler says.

Center members are encouraged by the NIH renewal grant, and the progress being made in basic or clinical research. "We have the tools now to make some spectacular advances in the next decade," says Sartor. □

Thoughts From the Pediatric Chaplain

by Terry Purvis-Smith, PhD

"We didn't have one of you when I was there" is the kind of comment I hear from graduates of the pediatric residency program. "One of you" means a permanent pediatric chaplain.

Chaplains previously have been Clinical Pastoral Education residents or summer divinity school students. However, as plans developed for the new North Carolina Children's Hospital, the Department of Pastoral Care sought grants from the Kate B. Reynolds Health Care Trust and the Duke Endowment to establish a permanent pediatric chaplain position in 1991.

My first responsibility is pastoral care for children in the hospital and their families. You have probably seen other chaplains do this work. For example, a 3-year-old boy was admitted to the pediatric intensive care unit. He was unconscious and was going to die. His 7-year-old sister kept asking everyone, the large gathering of family and friends as well as staff, "Why does my brother have to die?" She received the typical answers.

"So Papa can have someone with him."

"He's going to be with Jesus."

But the answers didn't work. She appeared more and more frantic in asking her question. Finally, in her brother's room with her father and me, she asked her dad again, "Why does my brother have to die?" He shrugged his shoulders and asked me, "What can I say?"

I wasn't exactly sure what to do, but said, "Sometimes we can ask questions that are so big that no answer is good enough."

"I know," she said. "Daddy, will you give me a hug?"

Sometimes the chaplain has a key relationship with a child or family. Much of the time, though, a child's most important relationship is with a pediatrician or nurse. In these relationships the child expresses feelings and asks questions about the meaning of illness, treatment, hospitalization. The quality of these relationships nurtures the child's strength and supports the child's capacity for hope. Since the pediatrician may have the primary relationship with the child, my care for the child and family is indirect through care for the pediatrician.

What is pastoral care with a pediatrician? It is going back into a room, after the family has left, where the resident is standing beside the body of a child who has just died and cries out, "I'm sorry for all the painful things I did to you," and then needs someone to hold onto. It is going to rounds the morning after a death to acknowledge that death so that the team doesn't have to pretend that nothing significant has happened in the room with the empty bed or the "new admission."

What I've learned from pediatricians (and learned again and again from other physicians) is there is so little opportunity or permission to talk about the physician's experience — sleeplessness; feeling incompetent; anger about scut work; missing significant others; constant criticism; questioning the decision even to go into pediatrics; distress about the ethical dilemmas; the pressure to read or complete research; feeling that an action or an inaction caused a child's death; demands to see enough patients for a practice to remain financially viable; dealing with the endless tide of paper work. And the norms about these experiences are "Do not appear weak," "Try to look like you know what you're doing," and "Don't cry."

Caring for pediatricians takes place in support groups for housestaff or in one-on-one conversations with faculty. Weekly intern support groups were begun more than a decade ago by Mike Sharp, MD [associate professor of community pediatrics] who remembered how he longed to talk about what he experienced during his own training. The program has now expanded to meetings for second- (bi-weekly) and third-year residents (quarterly) where the agenda develops from the group around their current experiences.

Drs. Floyd Denny, Tom Boat [former chairs of Pediatrics] and Ned Lawson [former acting chair] have consistently affirmed the priority of teaching and caring for the housestaff. Yet there's a corollary to this. That corollary is the importance of caring for the attending pediatrician and for the community pediatrician who know the joy of caring for children and who have also borne the professional and personal stresses of responding to the pain of children and their families. □

Terry Purvis-Smith, PhD, right, enjoys a playful moment with Jonathan McCauley and Ron Caplan, MD, chief pediatric resident.

Character, Commitment Mark Class of '99

From left, David Crouse, John Kang, Tara Rice, Tracey Huckabee and Michael Cody.

What is the biggest myth about getting admitted to UNC's School of Medicine?

That you have to be academically gifted to get in, and the first time you get a B or C in an undergraduate course, you have just forfeited any chance for admission. That perception, says Elizabeth Mann, MD, chair of the Admissions Committee, couldn't be farther from the truth.

The committee isn't obsessed with grade point averages, she says. "Academics are important, of course. But we are looking for outstanding human beings, people who have reached out to humanity in some way," she says. "In fact, we feel comfortable turning down applicants with solid academic credentials who have nothing else to offer."

Personal character and commitment to service are evident in the new crop of students — the Class of '99 — who last month began medical school studies at UNC-CH.

Take Tara Rice of Elizabeth City, for example. While pursuing an undergraduate degree in biology at UNC-CH, Rice spent considerable time with elementary students — both in Camden County and in Chapel Hill. She brought her love of science into kindergarten and first-grade classrooms and worked one-on-one with older students to improve their reading. She has also spent time as a volunteer in the pediatric intensive care unit at UNC Hospitals.

Rice credits her parents with her interest in community service. "My mom and dad, who are both teachers, have been involved in service projects as long as I can remember," she says. "Even as a child, I visited nursing homes during the holidays and helped out with reading programs. I guess I just got in the habit of volunteering."

Wake Forest graduate Michael Cody of Reidsville spent last year working on a research project at Bowman Gray School of Medicine. At the same time, he became involved with Crisis Control, an organization that helps individuals who have some pressing need — cash for an overdue electric bill, a warm winter coat, a place to live. Working with clients who were often malnourished, homeless, and had no access to health care reinforced his desire to help. "I feel I have an obligation as a physician to give back to the community and help address some of these needs," Cody says.

Another member of the Class of '99, John Kang of Chapel Hill, considers the many hours he has spent in the cancer clinic waiting area at Duke a good use of his time. "So many patients and their families spend a lot of time hanging out, being anxious," Kang says. "They need someone who will listen to them, and help them pass the time." And even while pursuing a master's degree in public health at UNC-CH during the last two years, Kang still found time to get involved: he organized a Habitat for Humanity crew and worked with social service agencies to help needy families.

Tracey Huckabee of Greensboro became a certified nurse assistant while an undergraduate at UNC-Greensboro. She worked two summers and part of the school year at a nursing home in Stokesdale. "I thought it would be worthwhile to have some patient contact before I even applied to medical school," she says. The 23-year-old says working with Alzheimer's patients gave her a special appreciation for the nursing staff. "I still don't know how people can work so many hours each week with such difficult patients and not get burned out," she says.

The examples of altruism and personal sacrifice by incoming medical school students even go beyond our national borders. David Crouse of Carrboro interrupted his studies at Notre Dame to spend two years as a Mormon missionary in Hokkaido, the northernmost island of Japan. He lived in cities, small farming communities and fishing villages, teaching English classes as a service to the community.

Then during his junior and senior years at Notre Dame, Crouse volunteered as a patient liaison in the ER of the local hospital. That experience, he says, will stay with him all through his medical career. "The time I spent with patients and families really brought home the importance of treating the whole patient and not just the disease," Crouse says.

By taking these broad life experiences into account, the Admissions Committee has created a strong and diverse first-year class, says Dane Vines, a fourth-year student who has served on the committee for two years. "We're not attracting just one type of student anymore, and that's good," he says. "Those who have already demonstrated their concern for others are most likely to make good, caring doctors." □

—N.L.K.

Scholarships Awarded Through Loyalty Fund

by Susan Vassar King

As coursework for the 1995-96 academic year began at the School of Medicine last month, 30 students were particularly grateful to the school's alumni. These 30 students were recipients of the Alumni Association's Loyalty Fund Scholarships.

Loyalty Fund Scholarships are awarded to 20 new students each year. Four-year scholarships are granted to five first-year students, while one-year scholarships are provided to three second-year, three third-year and nine fourth-year students. Ten additional students, five from each of the last two entering classes, are continuing this year on the four-year Loyalty Fund Scholarships they received upon entering the School of Medicine.

This year, the scholarships are $2,700 each. In addition, the Loyalty Fund grants 8 to 15 merit awards and two allied health scholarships, bringing total scholarship commitments by the Loyalty Fund to more than $110,000.

The students who received the scholarships this year exhibit a range of backgrounds, experiences and aspirations. "All are outstanding examples of the quality of medical students at UNC-CH," says William Easterling, MD, associate dean for continuing medical education and alumni affairs.

"The Loyalty Fund plays an integral role in the school's ability to provide the very best educational experience to today's medical students," Easterling adds.

Selection criteria for Loyalty Fund Scholars include academic standing, service to humanity, breadth of personal and educational experience, evidence of financial need and diversity among recipients. An additional criterion for fourth-year students is a demonstrated interest in a primary care career.

As a group, the scholarship recipients represent participation in virtually every type of community service or volunteer organization. This year's Loyalty Fund scholars volunteer in hospitals and homeless shelters, participate in literacy programs and blood drives, work with children, the elderly and the disabled. They also populate Dean's lists and honor societies, and are active participants in religious, athletic or civic groups. But what's most compelling is their determination to become a physician and continue their service through the practice of medicine. And with the help of those Tar Heels who have gone before them, they are each one step closer toward that goal.

Loyalty Fund Scholars 1995-96

Four-Year Scholarships

Peggy Ann Becker
B.S. Biology, 1991 - Wake Forest University

Latonya A. Brown
B.S. Radiologic Science, 1993
UNC-Chapel Hill

Shaida Khajenasir
B.S. Biology, 1993 - UNC-Chapel Hill

Thomas F. Laney
B.A. Chemistry and Biology, 1995
UNC-Asheville

Mark L. Wood
B.A. Chemistry, 1994 - NC State University

One-Year Scholarships

Jonathan Fischer, MSII
B.A. Religion, 1989 - Columbia University

Nancy W. Knight, MSII
B.A. Biology and Psychology, 1990
Washington University

Kathleen F. Stevison, MSII
M.P.H. Nutrition, 1993 - UNC-Chapel Hill

Michael L. Batten, MSIII
B.S. Mechanical Engineering, 1993
N.C. State University

Shannon E. Hunter, MSIII
B.S. Biology, 1993 - UNC-Chapel Hill

Christopher R. Williams, MSIII
B.S. Biology, 1993 - UNC-Chapel Hill

Robert M. Dums, MSIV
B.A. Psychology, 1992 - Wake Forest University

Meica M. Elird, MSIV
B.A. Chemistry and Biology, 1992
UNC-Chapel Hill

Joshua M. Hickman, MSIV
B.A. History, 1991 - Davidson College

Mary Beth Jones, MSIV
M.A. History, 1991 - University of Michigan

Doris Kazanzides, MSIV
M.P.H. Nutrition, 1991 - UNC-Chapel Hill

Daniel F. Maher, MSIV
Doctor of Chiropractic, 1987
New York Chiropractic College

David P. Miller Jr., MSIV
B.A. Economics, 1992
College of William and Mary

Lisa M. Roberts, MSIV
B.S. Business Administration, 1992
UNC-Chapel Hill

Kristina L. Simeonsson, MSIV
B.S. Biology, 1992 - UNC-Chapel Hill

Carry-Over Scholarships

Don M. Armstrong, MSII
B.A. Biology and African Studies, 1994
UNC-Chapel Hill

Cathleen M. Callahan, MSII
B.A. African Studies, 1994 - UNC-Chapel Hill

Brian Matthew Shelley, MSII
B.A. History, 1987 - Weslyan University

Kimberly Renee Singletary, MSII
B.A. Biology, 1992 - UNC-Chapel Hill

Stacie Jean Zelman, MSII
B.A. Biology, 1993 - UNC-Chapel Hill

Andrea L. Desci, MSIII
B.A. Chemistry and English, 1993
UNC-Chapel Hill

Robert C. Miller, MSIII
B.S. Biology, 1993 - UNC-Chapel Hill

Julia K. Nelson, MSIII
M.S. Biomechanics, 1988
University of North Texas

William G. Pittman III, MSIII
B.S. Applied Science - UNC-Chapel Hill

Jennifer S. Klenzak, MSIII
B.A. English, 1992 - Yale University

Family Doctor

by Ann Lewis

Suzanne Landis can recall when she first wanted to become a doctor. She was growing up in Pennsylvania and her father was what we think of now as an old-fashioned family doctor. He kept office hours six days a week and made house calls every day. Landis accompanied her dad on some of his calls and she still remembers "the people — their faces, their stories and what their lives were like." The patients' trust and dependence on her father's skills and his compassion for them made her know "I wanted to be a physician just like him."

Landis received her medical degree from the University of Pennsylvania and completed her internship and residency at the University of North Carolina. In 1981, as a way of financing her part of her medical education, she went to work for the National Health Services Corps.

She was assigned to be the sole physician in Robbins, TN, providing primary health care in that remote area of Appalachia. Landis says of that experience, "I practiced the traditional medicine I was taught, caring for people when they came to the office, but I realized this was of limited benefit to the patients. There was not enough time or resources to reach out and provide the preventive education that was needed to improve the health of the community."

Continuing her work with the Corps at the County Health Department in West Palm Beach, FL, Landis could have looked across the waterway to Palm Beach and imagined the possibility of becoming a physician there, owning a house on the water and perhaps a boat. But again she looked at the faces and the lives of the patients she was treating. "I saw the severe physical and emotional problems these people had that were a direct result of their lack of access to good medical care. I considered what was really important in life, a nice car or a boat, or making a positive impact on people's lives."

A resident of Asheville since 1987, Landis is the director of the Division of Family Medicine at the Mountain Area Health Education Center as well as a clinical associate professor with the University of North Carolina. In that work and her volunteer time with the Asheville-Buncombe Community Christian Ministry Free Doctors Clinic, she has seen the same medical problems she encountered while employed with the Health Corps.

To begin to solve these problems, Landis has worked to create Health Partners, a coalition of medical professionals, hospitals, community organizations and community people coming together to improve access to medical care for low income people living in Buncombe County. According to Grier Weeks, public relations director for this project, "This is really a mission for Suzanne. There are not many doctors tearing their hair out trying to get good health care to everyone. But, anybody who thinks all doctors are in it for the monetary gain hasn't met Suzanne Landis."

When you do meet Landis, you find that she speaks easily and with obvious pride about the two things in her life most important to her — her family and her work. Her husband, William McKenna, is a physician specializing in infectious diseases. She smiles when she tells you she has "such great kids." Margaret, 13, enjoys all kinds of sports, especially soccer. Elizabeth, 10, enjoys playing the piano and dancing and will take acting classes this summer at UNC-Asheville. Andrew, 6, the enthusiastic charmer, is working toward getting an "orange belt with a black stripe" in his karate class.

But, to find out about the person who has become the dedicated physician and community activist, you have to go to her friends, her co-workers and her patients. When you do, the word you hear over and over again is "amazing." Her energy, dedication, compassion and the simple friendship she brings to her work and life are praised.

Scott Pierson, administration director at MAHEC, calls her "the classic human dynamo." He tells of her ability to generate enthusiasm throughout the staff for her vision of providing quality medical care to the entire community. On a personal level, he tells of her friendship when he broke his arm and had to wear a cumbersome cast. "Suzanne took a bunch of my sweaters home and disconnected the sleeve so that it would fit over the cast. When the arm healed she knitted them back together as good as new. I think that lady can do anything."

MAHEC Research Director Cynthia Janes agrees and points to Landis' striving for excellence in every phase of her life, in her duties as a physician, researcher and educator as well as in the simple things of life — in her volunteer role as a Girl Scout leader or just playing a game of tennis. According to Janes, "If there were a decathlon of life, Suzanne would win." Janes says the physician could be intimidating, but instead she is a constant inspiration to her co-workers.

It is in Landis' interaction with her patients that Janes has seen the legacy of Landis' upbringing. "I have met Suzanne's father, and she definitely caught the spirit and compassion that makes a good doctor from him. You can see it the way she relates to her patients."

Liz Chandler, who was under Landis' care in Memorial Mission Hospital, agrees. "When she walks in your room and asks 'How are you?', you feel she really is interested in how you are, it's not just a greeting. She listens to you, and remembers you. You are not just a number or a name on a chart."

In her work with Health Partners, Landis has been listening to the community with the same attention she gives to her patients. A series of public meetings with under-insured patients, community leaders, doctors and urban and rural families was held throughout Buncombe County to assess medical needs.

"You can't truly understand the needs through a scientific survey alone. You have to sit down and listen to people," she explains. "These health problems are so intertwined with complex social problems such as poverty, lack of education and lifestyle choices. The only way we can begin to solve them is to involve everyone in the solutions."

Landis has recently been honored as one of 25 women in the country to be named an

Suzanne Landis, MD, director of family medicine at MAHEC, shoots a few baskets with her husband, Bill McKenna, MD, and children, from left, Andrew, 6; Margaret, 13; and Elizabeth, 10.

PROFILE: SUZANNE LANDIS, MD

Born: Sept. 22, 1952, in Lancaster, Pennsylvania

Education: BS, Summa Cum Laude, Muhlenberg College, Allentown, PA; MD, University of Pennsylvania; internship and residency, MPH and Robert Wood Johnson Clinical Scholar, UNC-Chapel Hill, 1978-1981

Family: husband, William McKenna, MD; children, Margaret, 13, Elizabeth, 10, Andrew, 6

Volunteer Work: provides sports physicals for Asheville Middle School; developed and implemented health education sessions at Claxton Elementary School; co-director of Health Partners; former board member of Children First; leader of Girl Scout troop 131

Hobbies: listening to opera, reading

Physical Activities: the doctor takes her own advice when it comes to getting exercise — she plays squash and tennis, swims and works out at a local health club

Drives: the first car she ever bought — a 1982 Honda Civic

Hidden Talent: according to co-workers, she can do a great imitation of Charlie Chaplin

Quote: "My parents taught me if you are going to do something, do your best. Working hard for what you believe is important."

Executive Leadership in Academic Medicine fellow. ELAM, sponsored by the Institute for Women's Health at the Medical College of Pennsylvania and Hahnemann University in Philadelphia, is a national program that focuses on preparing women faculty in academic medicine for senior leadership positions. Landis was the only woman chosen who is not located at a medical school. She says she is looking forward to having other women in like positions of responsibility in the academic medical community with whom to share both personal and work-related issues.

Dr. Tom Bacon, MAHEC executive director, says of Landis' selection, "She is not only an outstanding clinician, teacher and researcher, but is also a physician deeply committed to improving the health of the citizens of western North Carolina." □

[Reprinted by permission from the Asheville (NC) Citizen-Times]

Endowment Fund Grants Advance Medical Research

For the third consecutive year, the Medical Endowment Board of the Medical Alumni Association has awarded several one-year grants to School of Medicine faculty, housestaff and students.

This year, nearly $27,000 was distributed to grant recipients, more than two-and-a-half times the amount awarded in the fund's inaugural year. The grants are funded from interest earned on gifts to the Medical Alumni Endowment Fund. The amount of interest available determines the number of grants that are made each year.

The Alumni Association established the Medical Alumni Endowment Fund in recognition of the desire of the alumni to support academic enrichment programs. The purpose of the fund is to provide support for:

- academic research
- faculty/housestaff development
- enrichment activities for students/housestaff
- identified needs and requirements which will promote excellence in education, research and service to the School of Medicine and UNC Hospitals
- programs to enrich the relationship of the alumni to the medical school

During the 1995-96 fiscal year, awards of up to $5,000 were available to medical school faculty members and awards of up to $2,000 were available to students and housestaff. Grant recipients must utilize the funds during the fiscal year of the grant, and are required to submit a year-end report to the Medical Alumni Endowment Board within 90 days of the end of the grant period.

This year's grant recipients, their research topics and grant amounts, are as follows:

David E. Eifrig, MD, professor and chair, Department of Ophthalmology, "Hydroxyapatite Glaucoma Shunts in Rabbits," $3,000.

Pamela A. Diliberto, PhD, research assistant professor, Department of Cell Biology and Anatomy, "The Role of Nuclear Calcium Alterations in Platelet-derived Growth Factor Receptor Signal Transduction Mechanisms," $5,000.

Diliberto

Jay Lozier, MD, PhD, research assistant professor, Department of Medicine, "Effect of Inhibition of Tumor Growth Factor Beta on Efficiency of Transaction of Hematopoietic Progenitors," $4,852.

Timothy N. Taft, MD, professor, Division of Orthopedics, and **Bryan W. Smith, MD**, PhD, assistant clinical professor, Student Health Service, "Sports Medicine Interactive Multimedia Learning," $2,000.

John Liguish Jr., MD, fellow, and **Geoffrey Risley, MD**, PGYV, Division of Vascular Surgery, "Inhibition of Smooth Muscle Proliferation with C-myc Antisense Oligonucleiotide in a Bibrin Glue Delivery System," $2,000. Faculty sponsor: Blair A. Keagy, MD, professor and chief, Division of Vascular Surgery.

Liguish

Philippa Charlton, MD, fellow, Division of Medical Genetics, "A Novel Method for Detecting Human Genetic Mutations," $2,000. Faculty sponsor: James P. Evans, MD, chief, Division of Medical Genetics.

Raymond J. Pickles, PhD, training research fellow, Division of Pulmonary Diseases, "Investigation of the Inefficient Gene Transfer by Adenoviral Ventors to Human Airway Epithelium," $2,000. Faculty sponsor: Richard C. Boucher, MD, professor and chief, Division of Pulmonary Diseases.

Nathaniel F. Watson, MSIV, Department of Medicine, "Optimization of Gene Transfer via Nuclear Targeting Proteins in Transfection Experiments," $2,000. Faculty sponsor: John C. Olsen, PhD, research assistant professor, Department of Medicine.

Watson

Charles W.G. Eifrig, MSII, Department of Ophthalmology, "Hydroxyapatite Glaucoma Shunts in Rabbits," $2,000. Faculty sponsor: Robert Peiffer, DVM, PhD, professor, Department of Ophthalmology.

Robert S. Byrum, MSII, "Inflammatory Bowel Disease in Leukotriene Deficit Mice," $2,000. Faculty sponsor: Beverly Koller, PhD, research assistant professor, Department of Medicine. □

—S.V.K.

Faculty Notes

Floyd W. Denny Jr., MD, alumni distinguished professor of pediatrics, has received the 1995 John Howland Medal.

Denny

The Howland Medal, established in 1952, is the highest award given by the American Pediatric Society. The award honors people who have advanced the society's mission by studying children and their diseases, preventing illness and promoting childhood health, and boosting pediatric education and research.

Denny joined the UNC-CH faculty in 1960 as chair of the Department of Pediatrics. He helped establish the Area Health Education Centers Program and served as director of the School of Medicine's program on health promotion and disease prevention.

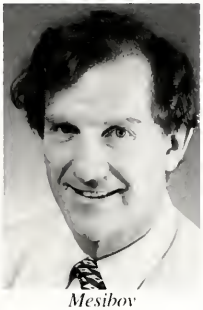
Harold R. Roberts, MD, Sarah Graham Kenan professor of medicine and pathology, has received the Robert P. Grant Medal, the highest honor given by the International Society on Thrombosis and Hemostasis.

Roberts

Roberts has served as the society's executive director since 1987. The non-profit organization fosters research on blood-clotting disorders. Roberts, a Four Oaks native, earned undergraduate and medical degrees from UNC-CH and directs the medical school's Center for Thrombosis and Hemostasis.

George F. Sheldon, MD, Zack D. Owens distinguished professor of surgery and chair of the Department of Surgery, was appointed to an Institute of Medicine, National Academy of Sciences committee on U.S. physician supply.

Gary B. Mesibov, PhD, professor of psychiatry and division director, Treatment and Education of Autistic and Related Communication and Handicapped Children, has been disseminating information about autism and helping to implement TEACCH's internationally respected model in several different parts of the world.



Mesibov

In June, Mesibov led a one-week seminar in Jeddah, Saudi Arabia, working with participants to develop the first model program for children with autism in the Arab world. He spoke in Mexico City to a group of professionals interested in developing Mexico's first comprehensive autism program, and was invited to speak in Yaounde, Cameroon, at the first African National Autism seminar. Although unable to attend that seminar, efforts to develop TEACCH services in Africa continue.

Ronald P. Strauss, DMD, PhD, professor of social medicine and former dental director at the UNC Craniofacial Center, was installed as president of the American Cleft Palate-Craniofacial Association at their 52nd annual meeting in Tampa, FL, on April 25. The association is an interdisciplinary non-profit professional organization formed in 1943 to improve the lives of persons with cleft lip/palate and craniofacial birth defects.

Strauss

Kenneth M. Brinkhous, MD, alumni distinguished professor of pathology emeritus, received an honorary doctor of science degree May 14 from UNC-Chapel Hill. Brinkhouse, who served as pathology chair for 27 years, is the first U.S. investigator to receive 50 years of continuous funding from the National Institutes of Health.

Stuart Bondurant, MD, dean emeritus of the School of Medicine, gave the first Eugene S. Mayer Memorial Lecture at the National Area Health Education Centers Workshop Conference in Chicago on July 12. The lecture honors the late Eugene S. Mayer, MD, who led the North Carolina AHEC program based at the UNC-CH medical school from 1978 until his death in November 1994. Bondurant addressed staff, faculty and administrators from the nation's 40 AHEC programs and partnership agencies. The national AHEC organization's executive committee will choose a distinguished speaker to give the Mayer lecture every two years.

Elizabeth Crais, PhD, associate professor of speech and hearing sciences, received a Distinguished Teaching Award for Post-Baccalaureate Instruction for exceptional teaching. The award is one of four first-time post-baccalaureate awards given at UNC-CH and was accompanied by a stipend of $5,000.

Crais

Larry R. Churchill, PhD, chair of the Department of Social Medicine, has been reappointed to a five-year term. Churchill holds joint faculty posts in social medicine and religious studies. He was named department chair in 1990.

Celeste M. Lindley, PharmD, associate professor of medicine, received an award for continuing excellence for 1994 from the North Carolina Society of Hospital Pharmacists.

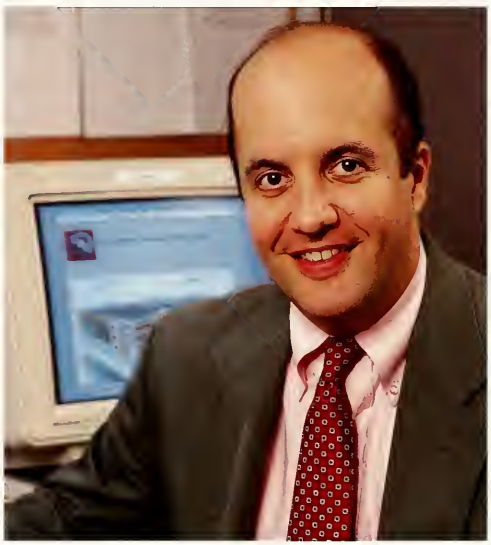
Eric Schopler, PhD, professor of psychiatry, has won the Eden Family of Services' first Eden Prize for helping people with autism. The EFS is a non-profit organization dedicated to providing services to autistic people.

Med School Meets the World Wide Web

It's hard to learn much about computers if you're worried about breaking them. That's why when John Loonsk, MD, started one of the country's first mandatory medical computing courses at State University of New York at Buffalo medical school, the first thing he taught his students was that they couldn't break the machine.

Loonsk has brought that down-to-earth approach to the School of Medicine as the new director of the Office of Information Systems. Among the tools he's already providing medical students, faculty and staff are a resource center with on-site assistance, and training classes on the World Wide Web, an international, interactive computer network complete with graphics.

Loonsk's strategy of providing resources and training to improve skills makes sense, says William D. Mattern, MD, associate dean for academic affairs. Mattern served as interim director of OIS and was involved in the search that resulted in Loonsk's appointment.



John Loonsk, MD, director of the Office of Information Systems.

"John's approach is an excellent one. He has the technical, organizational and managerial skills to do this job," Mattern says. "But most important, he has the interpersonal skills needed to be successful. Those were a prerequisite. They give him the ability to collaborate with people at all levels of computer expertise and to work with them to determine what their needs are, then help them learn how to meet those needs."

Loonsk is enthusiastic about the opportunities to empower students, faculty and staff, especially on the World Wide Web. "The Web offers tremendous potential for conveying information about the School of Medicine, its faculty and its programs," Loonsk says. "Our goal is to help faculty and staff create their own pages of information, known as 'home pages,' electronic brochures and other interactive Web information.

"Use of the Web as a search technology for medical and scientific information is becoming very common," Loonsk adds, noting that in 1994 alone, the number of World Wide Web sites grew from around 200 to just shy of 12,000. "It will be important for UNC to have a presence there, to maintain visibility in our areas of expertise."

Loonsk is currently developing a new information system that will bring the full benefit of that search technology to the School of Medicine and the Health Sciences Library. The system he envisions will provide easy world-wide access to many resources, including journal articles, clinical manuals, and drug information/interaction databases.

One challenge facing Loonsk and his staff as they introduce the Web and other new systems is the wide range of computer literacy in the medical school, immediately evident in one summer training class. One student examined his computer mouse as though seeing it for the first time. Another was "browsing" the Web, looking to see what information existed for the School of Medicine. Still another, after receiving the initial training, was hard at work creating a home page for her department.

Loonsk sees the challenge as surmountable. "Most of the researchers are familiar with computers because their work depends on data that often are presented via computer.

"But many clinicians still are not working with computers on a regular basis. The electronic medical record and clinical work stations are changing that," Loonsk says. Being a physician himself, he says, means, "I still have a view of decision-making occurring in physicians' heads. Computers can provide good information to help physicians make better decisions."

Loonsk has been impressed with UNC's commitment to computer technology. "Many people in top positions have not had the opportunity to become familiar with computers, but nonetheless they have committed extensive resources to computing because they know how important it is. This was an important factor in my decision to come to Carolina."

Loonsk and Mattern, another Buffalo native, agree the weather also was a key factor in Loonsk's recruitment. "He's suffering this summer," Mattern says of Loonsk, "but he'll enjoy the fall, winter and spring." □

—K.C.N.

Turning Out MDs of the Future

When Mike Sharp graduated from Harvard Medical School, he selected UNC Hospitals for his pediatrics residency. "I thought it was, and still is, one of the best pediatric training programs in the country," he says.

When he completed his residency, he was well-prepared to intubate a child or deliver chemotherapy. "But I didn't feel prepared to be a community physician. All my experience was in the hospital with very sick children," he recalls.

Sharp went on to join the pediatrics faculty at UNC. While he enjoys the academic setting, he has maintained a strong interest in community medicine. He was named director of the Family Support Network, which works with families that have children with developmental disabilities, in 1985. And in 1992, he was named director of the medical school's Office of Community Medical Education.

Today, he and many others in the medical school are involved in re-engineering the curriculum to provide more direct patient experience, particularly in community settings, beginning in the first year, Sharp says.

This represents a significant curriculum change, says William D. Mattern, MD, associate dean for academic affairs, who chaired the most recent curriculum review process. "One of our major goals is to create a balanced curriculum which encourages students to pursue generalist careers; integrates the population perspective and a sense of responsibility for the health of the public in general; incorporates experiences in all four years that teach students about the concepts of health promotion and disease prevention; and involves the Area Health Education Centers Program in community-based settings and teachings."

Managed care and its focus on keeping people out of hospitals is driving many of the curriculum changes. "We are seeing profound changes in the role of the physician," Sharp says. "We have the most expensive health care system in the world, and we have come to depend on high-tech solutions to problems.

"We need to respond by turning out new kinds of doctors who are able to think in a different way about how to take care of people. The managed-care people are very interested in what we're doing to create that kind of physician."

The School of Medicine has responded by introducing a new course this fall, "Medical Practice and the Community." The course combines the content of previous courses in Introduction to Medicine, Physical Diagnosis and Medical Problems; didactic teaching; small group work; and six weeks of community-based experience.

"The course has allowed us to expand partnerships with talented community physician-preceptors across the state," Sharp says. Students will spend half of each community-based week observing the preceptors, with some opportunity to practice basic skills such as taking vital signs. In subsequent weeks, as students are prepared through their on-campus courses for greater clinical involvement, they will practice their clinical skills during time spent in their preceptors' practices.

The medical school is gearing up to make needed resources available to preceptors, Sharp notes. "The Health Sciences Library and the Office of Information Systems will help preceptors tap into the University's vast resources and will advise them on the use of information technology systems. The Office of Educational Development is planning preceptor-development activities, and in each AHEC, the Office of Regional Primary Care Education will be a major source of preceptor support."

Meanwhile, the School of Medicine will continue to wrestle with questions such as, "What is an MD going to be in the future?" One likely scenario, Sharp believes, is that physicians will become real experts in human relationships. "We will also become experts, in partnership with other health-care providers, at helping people change behaviors to live healthier lives."

Fourth-year medical student Emma Fortney, center, completed her ambulatory medicine clerkship this summer under the guidance of preceptor Sheryl Scott Joyner, MD, at the Benson Area Medical Center. Beginning this year, UNC's network of preceptors will also help first- and second-year students experience community medicine through the new "Medical Practice and the Community" course.

And he believes UNC is especially well-suited to turn out this new kind of physician. "We have well-established partnerships with AHEC, the Institute for the Generalist Physician, the schools of Dentistry, Nursing, Pharmacy and Public Health, and the Center for Health Promotion and Disease Prevention, to name a few," Sharp says. "We are better prepared to make the changes needed than just about any school in the country." □

—*K.C.N.*

Development Notes

1994-95 Loyalty Fund Exceeds Goals

John Foust, MD '55, is a happy man. The 1994-95 fiscal year ended on June 30, with contributions to the Loyalty Fund again exceeding the goal. The final results were $516,000 raised (a 4 percent increase), 273 Associates (a 6 percent increase) and 34 percent participation (the same as fiscal year 1993-94).

"I'm really pleased and excited," said Foust, longtime National Loyalty Fund Chair. "We exceeded our goals in every area except participation. This is a testimony to the quality of this medical school and the hard work of a lot of alumni."

Three regional campaigns concluded at the end of the fiscal year, and all had terrific results. They are:

Greater Atlanta

George Cox, MD '66, chair; $11,820 in gifts, 35 percent participation

Buncombe County

Al Shivers, MD '71, and Zeb Weaver, MD '61, co-chairs; $12,218 in gifts, 49 percent participation

New Hanover County

Jim Hundley, MD '67, and Jim Sloan, MD '70, co-chairs; $12,700 in gifts, 55 percent participation

1995-96 Loyalty Fund Goals, Leadership Announced

Even while celebrating the wrap-up of successful campaigns for the 1994-95 fiscal year, plans are under way for Loyalty Fund reunion and regional campaigns for fiscal year 1995-96.

"I'm very grateful to the alumni who've volunteered to lead this year's campaigns," said John Foust, MD '55, National Loyalty Fund chair. "Many of them have done a great job before, and they're all very enthusiastic and committed.

"We've taken a good hard look at the needs of the medical school and established our goals for this year," Foust added. "We hope to raise $525,000, with 280 Associates and 35 percent participation.

"Finally, I'm pleased to announce a new program to be included in this year's Loyalty Fund budget: The Medical Alumni Association Distinguished Teaching Professorship, which will recognize teaching excellence." More information about the professorship will be featured in future editions of the Bulletin.

Following are the 1995-96 campaign leaders:

Regional Campaign Chairs

Atlanta	George Cox, MD '66
Buncombe County	Al Shivers, MD '71
Forsyth County	Bob Alsup, MD '74
Guilford County	Phil Deaton, MD '66
Mecklenburg County	Bill Herndon, MD '81
New Hanover County	Jim Hundley, MD '67 and Jim Sloan, MD '70
Wake County	Mary Susan Fulghum, MD '71

Reunion Campaign Chairs

Class of 1946	Luther Kelly, MD, *Charlotte*
Class of 1956	Dick Boyd, MD, *Statesville*
Class of 1961	Stacy Miller, MD, *Raleigh*
Class of 1966	Tom Koontz, MD, *Winston-Salem*
Class of 1971	Jon McLean, MD, *Charlotte*
Class of 1976	Ray Thigpen, MD, *Whiteville*
Class of 1986	Michael Norins, MD, *Greensboro*
Class of 1996	Margaret Collins, MS IV, *Chapel Hill*

Research Fund Established

Sanford Steelman, PhD '49, of Hickory, recently established the Blanche O. Steelman Research Fund at the medical school in memory of his mother.

Income from the fund will be used to support research in gynecologic oncology by interns and residents. Each trainee is required to conduct research while a member of the housestaff at UNC.

Steelman is a retired research scientist who conducted research for 28 years at the Merck Institute for Therapeutic Research in New Jersey. Several years ago he also funded the School of Medicine's Avery Steelman Lectureship.

Hobgood Named National Medical Fund Chair

A.L. Hobgood III, a Kinston business leader, has been named 1995-96 national chair of the Excellence Fund.

Hobgood

This will mark the second year Hobgood has led national fundraising efforts for the Excellence Fund, which supports the School of Medicine and UNC Hospitals through gifts from friends, parents, foundations and corporations.

Hobgood is also a director of the Medical Foundation of North Carolina, Inc. which supports the hospital and medical school, and a member of the UNC-CH Board of Visitors.

"The Medical Foundation is strengthened by the volunteer leadership of A.L. Hobgood III, and the results of his service will provide opportunities for improved health care for all North Carolinians," said James H. Millis Sr., chairman of the medical foundation's board of directors.

"The Hobgood family has been exemplary in their support of the Edwards-Hobgood scholarships, which have benefited hundreds of medical students," Millis said. "They have worked tirelessly to ensure that the medical center in Chapel Hill maintains its position of national excellence."

Hobgood's business and community activities include serving as a director of Carroll's Foods Inc., Smithfield-Carroll's Inc., Creighton Inc. and Wachovia Bank's Kinston branch. He also is a trustee of the Par-

The "Chasing the Horizon" dinner-dance benefit in Wilmington netted $10,000 for pediatric oncology research at the UNC Lineberger Comprehensive Cancer Center. Planning committee members were, from left, Wendy Block, Sanford Doxey, Jane Venters, Mary Gornto, Cason Trask, Louie Woodbury, Heide Trask, Karen Bate, Elizabeth Norfleet, Marty Stanfield and Tee Woodbury.

rott Academy, St. Mary's College and the Lenoir Memorial Hospital Foundation.

North Carolina Children's Programs Update

- The Children's Programs Board of Visitors, which represents the Department of Pediatrics and North Carolina Children's Hospital, met its 1994-95 fund-raising goal by raising more than $75,000. These funds will support a Pediatric Patient Education Program, establish a Pediatric Faculty Member Recruitment Fund, provide a one-year Pediatric Pastoral Care internship and refurbish the pediatric family waiting rooms.

  Several area organizations sponsored events to help reach the goal, including the Greater Greensboro Open, the Southern Pines and Hope Mills Jaycees, the Chapel Hill News/Aurora Restaurant/A New Attitude fashion show, and the Carolina Kids Classic golf tournament.

- In June, the first Eric Montross Father's Day basketball camp raised $17,000 for the Jason Clark Fund, established to create a lounge for adolescent patients in the new children's hospital. Montross, former Carolina basketball star and 1994 first-round draft pick for the Boston Celtics, was a special friend to Jason, who last year died of cancer.

  The two-day camp is for fathers and their sons or daughters ages 9 and up. Plans for next year's camp are already under way. For more information, call the Medical Foundation at 800-962-2543.

- The Broyhill Family Foundation has pledged $500,000 to support pediatric neuromuscular disease research under the direction of James F. Howard Jr., MD, professor of neurology and medicine in the Department of Neurology, and to name the pediatric chapel/meditation room in the new children's hospital in honor of the Broyhill family.

  This gift also will create an endowment to support the pediatric pastoral care program. Joe and Claire Broyhill Davis of Chapel Hill serve on the Children's Programs Board of Visitors, which Joe Davis has chaired since 1992.

- The Haley Foundation has pledged $100,000 to the University Bicentennial Campaign and restricted the entire amount to be used for a family support area in the new children's hospital. Michael and Lynn Haley of Greensboro serve on the Children's Programs Board of Visitors. Their daughter, Leigh Haley Jones, recently completed her residency in OB/GYN in Chapel Hill, and is currently practicing at Wendover OB/GYN and Infertility in Greensboro.

Alumni Support Allied Health Fields

The School of Medicine's Alumni Association granted $1,000 scholarships to two students in the department of Medical Allied Health Professions. Christine Ryan, of Wilmington, and Ashley K. Scoggins, of Leland, are the recipients of the awards.

Ryan is a second-year student in the division of Speech and Hearing Sciences. She graduated from Fairfield University in 1986 with a degree in English, and received her JD from Wake Forest University in 1989.

Scoggins is also a second-year student, in the division of Physical Therapy. She earned a B.A. in Psychiatry from UNC-Charlotte in 1990.

Creating a New Paradigm for CME

by Don Moore, PhD

When most people in health care think of CME, they think of a large room full of physicians who have taken time off from their busy practices to listen to a series of speakers who lecture to them about the most recent advances in their respective fields. The information presented may or may not be relevant to the practice circumstances of members of the audience. And, even if it is, it may not be in a form that can be readily applied in practice. Almost all contemporary CME takes place this way.

Much has been written about the problems with traditional CME. George Miller, considered by many to be the "guru" of medical education, began to raise important questions about the effectiveness of CME as early as 1963. He reported that the function of the CME activities that he observed was to disseminate information. He expressed the opinion, however, that physicians needed more than just more information. If the quality of patient care was to be improved, he asserted, physicians would need assistance in applying information already learned and in making use of newly acquired information in their own practice settings.

In Miller's view, CME had failed to change physician behavior or to improve quality of care because the commonly used approaches to designing educational programs emphasized subject instruction and failed to involve the physician learner in either planning or in participating actively in the learning activity. The inevitable result was that the educational experiences were not relevant to practice. He proposed the adoption of a new model, one that would be based on principles of adult learning, in which learners would be actively involved in identifying problems and in seeking ways to solve them.

Some members of the CME enterprise took heed of Miller's recommendations and developed approaches to link CME with practice as a way to improve CME. But despite intermittant success, today's physicians and CME providers continue to employ traditional educational strategies.

Don Moore, PhD, recently joined the medical school's Office of Continuing Medical Education and Alumni Affairs as director of Continuing Medical Education.

A strong argument can be made that the major forces of change currently affecting health care will force everyone involved in the enterprise, including CME professionals, to look more carefully at how CME is planned and conducted.

Forces Creating Change in CME

The health care system in the U.S. is undergoing radical change. These changes will affect the way physicians practice medicine and the conditions under which physicians learn. It is the belief of many CME professionals that these changes can be harnessed

in a new paradigm, one that will enable the realization of the goal to link CME more closely with patient care and as a result improve health care outcomes.

There are four major forces that are creating change in CME:

1. *Government and private efforts in health care reform.* Efforts at health care reform over the last few years have spawned changes in the health care system emphasizing primary care and managed care. These changes are already causing movement away from the old paradigm of traditional CME. Educational activities are being developed to increase the supply of primary care services by providing specialists with opportunities to learn primary care skills. In addition, courses are being developed to help physicians learn the principles of preventive medicine and the practice of medicine in a capitated environment. And it can be predicted that courses will appear that will help all physicians develop skills to function effectively as members of health care teams.

2. *The increasing application of quality management in health care institutions.* Quality management activities — continuous quality improvement, practice guidelines, outcomes management — have prompted changes in CME offices and traditional CME programs. Most physicians know little about quality management, and CME offices are providing introductory educational sessions about it, followed by in-depth training. Many of the solutions that emerge from quality management activities have educational components, and CME offices are responding to these educational opportunities, often avoiding the traditional formats of course or conference.

3. *The continuing expansion of biomedical information and technology.* Specialty-specific databases are being developed to store and provide ready access to the latest findings in each field. Some researchers, concerned about the scientific soundness and relevance of research findings to typical practice, have become involved in information management projects. And specialty boards are raising questions about what competence really means and have launched innovative recertification programs for specialist physicians under their jurisdiction.

4. *Advances in information and communication technology.* Physicians who have installed computers in their offices can access a variety of databases. In some areas electronic consultation networks have been developed using e-mail technology. And telemedicine, using a combination of computer, multimedia, and communications technology, is expanding throughout the country.

Telemedicine permits a physician at a medical center to interact with a physician and a patient at a remote site, using diagnostic equipment that has been adapted to transmit a video signal from the remote site. Medical services can occur without having to transfer the patient to the central site. As an add-on, the patient consultation session can be followed by a short educational session, making real the dream of true practice-oriented CME.

A New Paradigm for CME

As George Miller has said many times, an effective CME program is one that helps physicians incorporate advances into practice in a way that results in desirable patient outcomes. He has also said that CME will be effective when physician learners are involved in planning their own learning activities, when educational activities reflect issues in the physician-learner's practice, and when the opportunity is provided for meaningful interaction between learner and teachers.

Now there are opportunities, arising from emerging changes in the health care enterprise, to devise a framework for a new paradigm for CME, a paradigm that will see physicians more closely involved in planning and implementing their own CME. These emerging opportunities appear to cluster in six areas:

1. *Increasing emphasis on learning.* CME will move away from teacher-dominated activities into a learning system entailing a dramatic change in the roles of teacher and learner. Learners will be responsible for identifying their information needs based on practice circumstances, developmental requirements or professional curriculum. CME teachers will be more involved in facilitating groups of learners and in brokering their information needs through a variety of knowledge resources.

2. *Education activities based on clinically relevant data and collaborative planning.* CME will be closer to physicians and more integrated into their practices. This closer integration will take place by working with physicians to analyze data about their clinical activities and by collaboratively developing strategies for improvement.

The new forms of CME will combine individual information-seeking and formal education sessions in a way that will be more accessible, convenient and relevant than those that exist today. The new educational activities will range from electronic reminders at the bedside to formal education sessions in which colleagues review the most recently developed practice guidelines.

3. *Continuous improvement of health care using techniques that combine quality management and CME.* CME and quality management will be integrated in a way that facilitates the continuous evaluation of health care and the development of improvement strategies. This could take place in a physician's office, a group practice, a hospital, a medical school-based clinic, or one of the managed care organizations that are emerging.

4. *A collaborative learning system that supports and is responsive to physician learners and CME providers.* Physician learners and CME professionals will have access to information that can be used in planning CME activities. This information will facilitate their working together to develop CME activities that will meet practice information needs.

5. *Focus on improving patient outcomes.* Information about patient outcomes will be readily available in the new paradigm because of the development of clinically reliable and valid approaches to outcomes measurement. For the individual physician, emphasis will be placed less on attendance at formal CME activities and more on improving patient care outcomes.

6. *CME as an integral part of the health care system.* CME will function as an essential partner in the health care system. The values and goals of the CME enterprise will be seen as congruent with those of the health care system and will make major contributions to the accomplishment of those goals.

The ultimate goal of CME is to improve physician performance in the clinical encounter so that patients receive the very best and most cost effective care possible. Currently there are a number of forces converging in health care and CME that offer more promise than in the past. These forces are beginning to move CME in a direction that will integrate it more closely with patient care until clinical decision-making and education blend into a form of physician practice characterized by a "self-evaluating/self-correcting" ethic. □

[The preceding is excerpted from an article by Dr. Moore which appeared in The Journal of Continuing Education in the Health Professions, *Volume 14, pp. 4-31. Additional authors are Joseph S. Green, PhD, Stephen A. Jay, MD, James C. Leist, EdD and Frances M. Maitland. Copies of the entire article can be obtained through the Carolina Consultation Center, 1-800-862-6264.]*

News Briefs

Berryhill Wins Second Bell Award

Norma Connell Berryhill, credited with helping build the School of Medicine with her late husband, former Dean Walter Reece Berryhill, has won the 1995 Cornelia Phillips Spencer Bell Award.

The annual award, which goes to a woman who has made the most significant contribution to UNC-CH in recent years, was presented May 2 at a reception attended by officials including former Chancellor Paul Hardin.

The award was started last year as part of UNC-CH's Bicentennial Observance to honor the achievements of women at the university. Its namesake is Cornelia Phillips Spencer, who after the Civil War campaigned to restore the university to its pre-war standards. When it reopened in 1875 after a four-year closure, Spencer rang the South Building bell to proclaim Carolina's new beginning.

Before Reece Berryhill took over as dean, the medical school had 48 faculty members and a two-year program. By the time he retired 23 years later, it had a full four-year program, a hospital and 433 faculty members.

Norma Berryhill deserves much of the credit for luring the teaching staff that built the school's reputation, say people familiar with the expansion.

"Her hospitality helped convince those young hot-shot medical faculty that this would be a good place to teach and do research and raise their families," said Sally Vilas, the daughter of one of the doctors recruited by Berryhill and wife of another.

"Her quiet, friendly manner was inspirational to all who knew her," said Chancellor Emeritus Christopher C. Fordham III, MD, a medical school student in the '40s and dean from 1971 to 1979. "She and Dr. Berryhill were quite a team."

Former Chancellor Paul Hardin congratulates Norma Connell Berryhill, right, after she received the 1995 Cornelia Phillips Spencer Bell Award. Looking on is Barbara Moran, dean of the School of Information and Library Science.

UNC Spine Center Opens

On June 9, approximately 75 doctors, nurses, administrators and home health representatives attended the formal opening of the UNC Spine Center, located in the Ambulatory Care Center.

The Spine Center provides comprehensive care to patients with back problems, and serves as a referral center for spinal disorders and spinal cord injuries. It is the first spine center in the region to offer a multidisciplinary approach. The interdepartmental team of back-care professionals includes Richard Toselli, MD, center director, Neurosurgery; Joe Minchew, MD, Orthopaedics; William Blau, MD, Anesthesia; Paul Tawney, MD, Cara Siegel, MD and Michael Lee, MD, Physical Medicine and Rehabilitation; Tim Carey, MD, General Medicine; John Winfield, MD, Rheumatology; George Johnson, MD, Surgery; Sharon Capps, RN, CNRN and Susan Fairholm, RN, Nursing; Sheila Cottle, CCSW and Stephanie Wallach, CCSW, Social Work.

Fourth-year Student Awarded Fellowship

Kip Baggett, MS IV, has been awarded a $13,500 fellowship by the Deafness Research Foundation. He will take a year out of medical school to study chronic otitis media under the supervision of Jiri Prazma, MD, PhD, research professor in the Department of Surgery.

Otitis media, also known as middle ear infection, is the most common cause of acquired hearing loss in children. This research topic is clinically significant, says Prazma, because of how frequently young children with repeat infections require surgery to insert tubes that drain fluid from the ear.

The title of Baggett's research proposal is "The role of cytokines in otitis media with effusion."

The Deafness Research Foundation serves the 28 million deaf and hard-of-hearing individuals in this country by providing grants for innovative research into the causes, treatment and prevention of deafness and other serious ear disorders.

Huckabee Receives Edwards-Hobgood Distinguished Scholarship

Tracy Huckabee of Stokesdale has received this year's Edwards-Hobgood Distinguished Scholarship at the School of Medicine.

The merit scholarship, established in 1963 by Kenneth R. Edwards and A.L. Hobgood Jr. of eastern North Carolina and supplemented thereafter by the Edwards and Hobgood families, covers medical school and expenses for four years.

Huckabee recently graduated summa cum laude from the University of North Carolina at Greensboro with a degree in biology. She is a member of Phi Beta Kappa and Beta Beta Beta, a national biology honor society. She received a Student Excellence Award earlier this year, and served as a marshal at graduation her sophomore year. Huckabee was involved in the Commuters Student Association and was a founding member of UNC-G's biology club.

Since 1993, Huckabee has worked as a nursing assistant at a nursing home in Stokesdale. She also has volunteered in the physical therapy department at Moses H. Cone Hospital in Greensboro.

"We are extremely pleased to present the Edwards-Hobgood Scholarship to Tracy Huckabee, whose outstanding achievements in the classroom and the community merit the recognition of this distinguished award," said Michael A. Simmons, dean of the medical school.

"This award recognizes a student who has the potential to become an outstanding physician," said Nancy C. Chescheir, MD, assistant professor of obstetrics and gynecology and chair of the selection committee. "These scholars not only have an excellent academic record but also have exhibited dedication to humankind."

UNC Named to Top 40 List of Best Hospitals

U.S. News & World Report in July released its annual guide to "America's Best Hospitals." UNC Hospitals appeared in the list of top 40 hospitals in six areas: Cancer, Endocrinology, Gynecology, Orthopedics, Otolaryngology, Rheumatology.

"We are pleased to have the experience and expertise of our medical staff and the quality of our facilities recognized in this national publication," said Eric B. Munson, Hospitals executive director. "Many of our programs have received national recognition for their excellence in patient care, teaching and research. We welcome *U.S. News & World Report*'s additional recognition."

In its sixth annual edition, *U.S. News*, in conjunction with the National Opinion Research Center, assesses hospital care for 16 specialties.

Ada Adimora, MD, (left) clinical assistant professor in the Infectious Diseases Division, talks with a Health Careers Summer Camp participant.

Kaiser, Hospitals Partnership Continues to Expand

UNC's five-year contract with Kaiser Permanente to provide primary care for its 28,600 HMO members in Durham and Chapel Hill and tertiary care for all 88,200 members in the Triangle went into effect July 1. More than 20 teams of Kaiser and UNC physicians, nurses, educators and administrators began working together in April to iron out the details of how the two institutions will collaborate.

An open house attended by more than 300 Kaiser members was held on Sunday, June 25. Visitors received a brief tour of the Hospitals, and visited booths set up in the lobby by the Diabetes Care Center, Recreational Therapy, Cardiology, Respiratory Therapy and HealthLink. Refreshments were served in the ground floor lobby of the N.C. Clinical Cancer Center.

Earlier in the month, an orientation to UNC Hospitals and the School of Medicine was held for Kaiser physicians and other professional staff.

Physicians Staff Health Careers Summer Camp

Fifteen faculty and staff of the School of Medicine and UNC Hospitals hosted minority students from area middle schools and high schools who attended Health Careers Summer Camp on the UNC-CH campus in July.

Meeting in small groups for an afternoon, the students were given a close look at the field of medicine through the life of one doctor. Depending on the doctor's schedule for that day, some students went on rounds and talked with patients, others practiced taking each other's vital signs. All of the groups visited the MRI facility for a demonstration.

The Health Careers Summer Camp devoted one day to each of the Health Affairs schools — nursing, dentistry, public health, pharmacy and medicine. The camp was sponsored by the Community-Based Public Health Initiative and Wake Area Health Education Center Program. The medical school's Office of Community Medical Education coordinated the physician participation.

Medical center participants were Ada Adimora, MD, Medicine; Arthur Blackstock, MD, Radiation Oncology; James Bryan II, MD, Medicine; Alan Cross, MD, Social Medicine; Marion Danis, MD, Medicine; Stuart Gold, MD, Pediatrics; Robert Golden, MD, Psychiatry; Franklin Hargett, MD, Family Medicine; Lester Kwock, PhD, Radiology; Edward Norfleet, MD, Anesthesiology; Rupa Redding-Lallinger, MD, General Clinical Research Center; Michael Sharp, MD, Pediatrics; Ginny Shriner, MD, Pediatrics; Mark Williams, MD, Medicine; David Wohl, MD, Medicine.

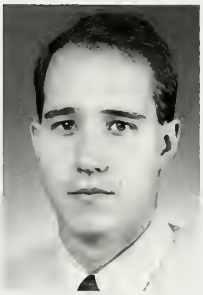
Hunger More Common in NC, Study Says

Hunger is more common across North Carolina than most residents realize, and nearly a quarter million Tar Heel children experience hunger to varying degrees, according to a study conducted by UNC and the N.C. Hunger Network.

"Because we wanted to get a better picture of why people have problems with hunger, we formed 17 focus groups across the state and interviewed in detail 140 indi-

Housestaff Elects Leadership

Ziegler



McQueen

On May 22, the chief residents at UNC Hospitals elected new co-presidents of the Housestaff Council for the 1995-96 academic year.

Brian Ziegler, MD, and Chapman McQueen, MD, are both chief residents in the department of Surgery. Ziegler is in the division of Orthopaedics and McQueen is in the division of Otolaryngology/Head and Neck Surgery.

In their role as co-presidents, Ziegler and McQueen will act as advocates for the housestaff and will participate on the Graduate Medical Education Advisory Committee and on the Liability Insurance Trust Fund Committee.

Ziegler received his medical degree from Jefferson Medical College in 1991, after attending Pennsylvania State University. His is a native of Huntingdon, PA.

McQueen is from Graham, NC. A 1991 graduate of the UNC-Chapel Hill medical school, he also attended Carolina as an undergraduate, obtaining a B.S. in biology.

viduals who visited various agencies for emergency assistance," said Janice M. Dodds, associate professor of nutrition at the schools of medicine and public health. "What we found may surprise some people.

"One of the overriding themes that came out of our work is that parents did not want to be in these programs, but had no choice," Dodds said. "Many of them felt they were not very good parents if they were in this situation. Feeding their children was their number one concern, and the fact that they couldn't was an incredible burden on them."

The N.C. Childhood Hunger Network's report on the study is titled "Hidden Hunger: The Face of Hunger Among Families and Children in North Carolina." Besides Dodds, Magda Baligh, project coordinator at the School of Public Health; Dr. Indu Ahluwalia, a private consultant; and Shirley McLain, executive director of the N.C. Hunger Network, directed the effort.

AHEC Program Wins Award

The North Carolina Area Health Education Centers program has received the first Eugene S. Mayer Award for Program Excellence. The award is named for UNC's long-time AHEC director, who died last year.

Founded in 1972, the N.C. program — one of 40 across the country — is designed to improve the quantity, quality and distribution of health care professionals, especially in rural areas.

The award, presented for the first time July 12 by the National Organization of AHEC Program Directors, recognizes an AHEC program that has achieved prominence over a two-year period.

The N.C. program was cited for serving as a national model for more than 20 years and "significantly improving the supply and distribution of health-care professionals through community/academic partnerships in North Carolina."

GI Disorders Linked to Abuse

Histories of sexual and physical abuse are common in patients with gastrointestinal disorders and contribute to more severe symptoms, according to School of Medicine researchers.

The severity of abuse correlates with the severity of gastrointestinal symptoms, a survey of 239 patients at UNC gastrointestinal clinics shows.

Douglas Drossman, MD, professor of medicine and psychiatry, was principal investigator of the study, which was presented May 15 in San Diego during Digestive Diseases Week. Co-investigators include Jane Lesserman, MD, research assistant professor of psychiatry and medicine, and Timothy C. Toomey, PhD, clinical professor of psychiatry.

"We looked at health outcomes in patients who came to the GI clinic with GI disorders," Drossman said. "We then looked at how abuse history relates to that outcome."

Almost 60 percent of patients surveyed had experienced some type of physical or sexual abuse or both during their lives.

"Patients with abuse histories, regardless of diagnosis, experienced more pain, more operations and more doctor visits," Drossman said.

Patients with functional GI diagnosis had the highest proportion of abuse history. Up to 84 percent of those patients had chronic abdominal pain, 67 percent had irritable bowel syndrome and 67 percent had functional dyspepsia — all conditions with gastrointestinal symptoms that seem to have no direct cause.

"Because functional bowel disorders have symptoms of no known cause, they have up until now received little attention by physicians and researchers," Drossman said.

Kirkland Heads Hospitals Board

John A. Kirkland, MD '50, an obstetrician/gynecologist from Wilson, has been elected chair of the UNC Hospitals Board of Directors. His term began July 1.

Kirkland received his undergraduate and certificate of medicine degrees from the University of North Carolina at Chapel Hill and his medical degree from Harvard. He is a member of the medical staff of Wilson Memorial Hospital and has practiced in Wilson since 1959. A member of the UNC Hospitals Board since 1987, Kirkland succeeds James T. Hedrick, a Durham attorney, as board chair.

Class Notes

30s

James Watt, MD '33, was recently inducted into Johns Hopkins University's Society of Scholars. Dr. Watt received his medical degree from JHU in 1935, and a doctorate from the University's School of Public Health in 1936. He served for many years in the U.S. Public Health Service and is a former Special Assistant to the Surgeon General. A longtime member of the World Health Organization, he was chairman of its executive board in 1967.

Julien H. Meyer Sr., MD '35, retired from active practice of gynecology in January 1995. He is president emeritus of Physicians and Women, Inc.

50s

William B. Blythe, MD '51, Marion Covington distinguished professor of medicine at UNC-Chapel Hill, recently stepped down as chief of the Division of Nephrology.

James R. Clapp, MD '57, is professor of medicine and director of the Andrew G. Wallace Clinic at Duke University Medical Center. The Medical Center recently established the James R. Clapp Fellowship in Nephrology in his honor.

Shahane Taylor Jr., MD '59, recently retired after 32 years of practice in Greensboro.

60s

J. Thomas Fox, MD '60, practices psychiatry in Charlotte. He and his wife, Landon, have three children and seven grandchildren.

Duncan Owen, MD '60, is professor of internal medicine and vice chairman, division of Rheumatology, Allergy and Immunology, at Medical College of Virginia.

Chet W. Taylor Jr., MD '63, has retired as state chairman of comprehensive health center chiefs with Hawaii's health department. He is now spending his time sailing, fishing, scuba diving and surfing.

Jefferys A. Macfie Jr., MD '64, has been elected to the American Association of Endocrine Surgeons. Membership in the association is limited to surgeons who have demonstrated their abilities in endocrine surgery and research. Dr. Macfie is a member of the medical staffs of Greenville Hospital System and St. Francis Health System, and is a fellow of the American College of Surgeons.

Robert L. Grubb Jr., MD '65, professor of neurological surgery at Washington University School of Medicine in St. Louis, MO, is chair of the editorial board of the Journal of Neurosurgery and director of the American Board of Neurological Surgery. He has two children, Mary Connell and Robert.

Bill Sayers, MD '65, is Executive Vice President of Physicians Support Network at Carolina Medicorp Inc. in Winston-Salem. He and his wife, Betty, have two children and a granddaughter, Katie.

J. Lewis Sigmon, MD '66, has been appointed to the board of the American Board of Family Practice for a five-year term. He is chair of the Department of Family Medicine at Carolinas Medical Center in Charlotte.

Bruce A. Phillips Jr., MD '67, has his own internal medicine practice in Elizabethtown. He was named Distinguished Governor of the NC East Optimist International for 1993-1994.

70s

William C. Allsbrook Jr., MD '70, is associate professor of pathology at Medical College of Georgia in Augusta. He received a grant to study molecular biology of prostate carcinoma in Americans and Japanese.

William Eugene Byrd, MD '70, practices internal medicine and rheumatology in Roanoke Rapids, SC. He and his wife, Rachel, have two daughters, Sarah and Rebecca.

H. Clifford Baggett, MD '70, practices otolaryngology in Rocky Mount. He and his wife, Mary, have three children, Kip, Ward and Powell. Kip is a fourth-year medical student at UNC-CH.

Jerry C. Bernstein, MD '70, is a pediatrician, and teaches residents and medical students at Wake Medical Center. He and his wife, Peg, have two daughters, Beth, 17, and Blair, 13.

Daniel Lind Crocker, MD '70, practices hematology, oncology and internal medicine in Rocky Mount, and plays trumpet with the Tar River Orchestra and Chorus. He and his wife, Brenda, have two daughters, Sue Ellen and Natalie.

Mary Dawn Herring Edwards, MD '70, is a pediatrician with the Allegheny County Health Department and McKeesport Hospital Outpatient Clinic in Pittsburgh. She and her husband, David, have two daughters, Leah, 18, and Rachel, 14.

Richard M. Freeman, MD '70, practices pediatrics and aviation medicine in Opelika, AL. He and his wife, Sherry, have two children, Kelly, 21, and Mac, 14.

Kenneth Smithson, MD '70, is in administrative medicine at VHA Inc. in Irving, TX, working on managed care delivery systems and organized health care systems. He and his wife, Shelley, have five children and a 3-year-old granddaughter, Kristin.

Dave Rendleman, MD '70, is an orthopaedic surgeon at the Bone and Joint Surgery Clinic in Raleigh. He and his wife, Mary, have two daughters at UNC.

Reed Underhill, MD '70, is a urologist in New Bern. He and his wife, Alice, have three children in college, two at UNC-CH and one at UNC-Wilmington.

Robert B. Felder, MD '72, is a professor in the department of internal medicine, cardiovascular diseases division, at the University of Iowa. He and his wife, Judith J. Felder (Physical Therapy '69) live in Iowa City. They have two children, Allison, 10, and John, 6.

Kenneth H. Wilson, MD '74, is chief of infectious diseases at the VA Hospital in Durham and a professor of medicine at Duke University Medical School. His wife, Joanne Peebles Wilson, MD, is also a professor of medicine at Duke. They have three children, Nora, 15, Court, 13, and Sarah, 11.

Vickie M. Guerry, MS Speech Pathology '75, is director of speech services at the Charleston Speech and Hearing Center in Charleston, SC.

80s

Susan Skochelak, Housestaff '81-'84, has been named an Executive Leadership in Academic Medicine fellow. The ELAM project is a national program that prepares women faculty in academic medicine for senior leadership roles. Dr. Skochelak is an associate professor of family medicine and associate dean for primary care and outreach at the University of Wisconsin Medical School.

Melissa A. Will, MD '82, is practicing at Southern Hills Hospital in Nashville, TN.

Gail Lynn Shaw, MD '83, is an associate professor of medicine and director of the Cancer Prevention Program at the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida in Tampa. She and her husband, Richard Wright, have a son, David.

Samy S. Iskandar, PhD '83, is an associate professor of pathology at Bowman Gray School of Medicine at Wake Forest University. He and his wife, Laurice, have four children, Christopher, Andrew, John and David.

Eddie Louis Smith, MD '84, is assistant professor of family medicine at Eastern Virginia Medical School in Norfolk. He has two children, Edward and Erica.

Samuel M. Cummings, MD '85, is chairman of the OB/GYN Department at the USAF Medical Hospital in Bitburg, Germany. His wife, Nancy, is a 1977 graduate of the School of Nursing.

John C. Huffman, MD '85, is an oncologist and hematologist in Charlottesville, VA.

Albert R. Munn III, MD '85, an ophthalmologist in Raleigh, received the American Medical Association Young Physician Section's Annual Community Service Award. Dr. Munn was honored for initiating and finding sponsorship for the ophthalmologic treatment of the poor and uninsured in Wake County.

Janice L. Rea, MD '85, is a pediatric emergency physician at Scottish Rite Children's Medical Center. She and her husband, David B. Gehle, have two children, Daniel and Anna.

Susan Lynn Jackson, MD '87, is a fellow at the Cleveland Clinic in pelvic surgery. She recently completed her residency in OB/GYN at the Medical College of Virginia.

Stuart Levin, MD '88, is practicing internal and pulmonary medicine with Wake Internal Medicine Consultants in Raleigh.

Phil Thwing, MD '88, is in family practice in Greenville, TN.

Karen Beliles, MD '89, is director of transplant psychiatry at Emory University School of Medicine in Atlanta.

Lisa Koehler Burke, MD '89, is an emergency physician at Piedmont Hospital in Atlanta. She was married in May to Andrew Burke.

Chuck Lampley, MD '89, is practicing in Shelby. He and his wife, Laura, have a daughter, Elizabeth.

90s

William W. Crone, MD '91, completed his OB/GYN residency at the University of Texas Health Science Center at San Antonio. He has joined the Ormand Center for Women and will practice in Matthews, NC.

Bryan R. Neuwirth, DDS, MD '91, is in private practice in oral, maxillofacial and cosmetic surgery in Hickory. He and his wife, Elyse, have a son, Colyn, and are expecting their second child in November.

Lisa A. Brone, MD '92, has a sports medicine fellowship in Columbus, OH. She recently finished her residency in family practice in Greensboro.

Thor O. Svendsen, MD '92, is Chief Administrative Resident for EVMS and OB/GYN. He recently received the 1995 Hampton Roads Fertility Society Young Investigator Award.

Deaths

Barry Joel Machlus, MD, PhD '71

President's Letter

As this edition of the Medical Alumni Bulletin goes to press, it is hot and humid here in Chapel Hill. Another academic and fiscal year has come to pass and your Alumni Office is busy planning for the year ahead. Our fall Medical Alumni Association meeting is scheduled for Oct. 6 and 7. An excellent program has been arranged and the UNC-Virginia football game should be a doozy! We hope that lots of you plan to attend.

Once more, our hats are off to our alumni for your generosity to the Loyalty Fund, and, of course, to those who did the ground work in raising these monies. More records were set; the total raised in gifts and pledges exceeded $500,000 for the first time ever. The number of Loyalty Fund Association members also increased from 252 in '93-'94 to 273 in '94-'95. Our thanks to all!

Sad to say, though, that overall participation remains lower than we want. Again, only 34 percent of our alumni joined in contributing. Now, even though John Foust has sworn to continue his role as fund-raising chair until participation exceeds 50 percent (!!), we can't let that keep us from increasing our numbers. So we urge those of you who did not give to the Loyalty Fund last year to join us this year in this very commendable effort to aid our school.

The Loyalty Fund is used by the Dean for many projects. Of interest to many of us is the increasing number of scholarships awarded by the Fund each year. For '95-'96 there are 30 students on scholarship (see story, page 9), in addition to a number of Merit Awards. Each of these scholarships and awards is for $2,700 per year, an increase from $200 per year only six years ago. That is progress! We hope we can increase these numbers over the years.

I hope that each of you have had a good summer, that you have had a chance to rest a bit or travel. Again, I hope you will attend the fall meeting. If you have suggestions as to how we can improve attendance or any other ideas as to how your Association can be of service, please let us know.

Frederick O. Bowman Jr., MD '50

CME/Alumni Calendar

	Medical Alumni Activities	
October 6	Domestic Violence	Chapel Hill
October 6-7	Fall Medical Alumni Weekend	Chapel Hill
October 8-13	TEACCH Residential Training	Durham
October 25	Norma Berryhill Distinguished Lecture	Chapel Hill
October 27-28	Southeastern Dermatology Conference	Chapel Hill
October 28-29	Annual George Ham Symposium	Chapel Hill
November 1-2	AIDS Tutorial	Chapel Hill
November 10-11	Current Therapy in Vascular Surgery	Chapel Hill
December 1-2	Critical Care Conference	Chapel Hill
December 16	UNC "Tar Heel" Sports Medicine Course	Chapel Hill
January 11-12, 1996	Challenges in Geriatric Practice	Chapel Hill
January 25-26, 1996	5th Annual Symposium on Literacy &Developmental Disabilities	Durham
March 20-23, 1996	20th Annual Internal Medicine Conference	Chapel Hill
April 13-16, 1996	International Symposium on the Biochemistry & Pathobiology of SERPINS	Chapel Hill
April 19-20, 1996	Spring Medical Alumni Weekend	Chapel Hill
April 26-27, 1996	Preceptor Weekend	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Eduction and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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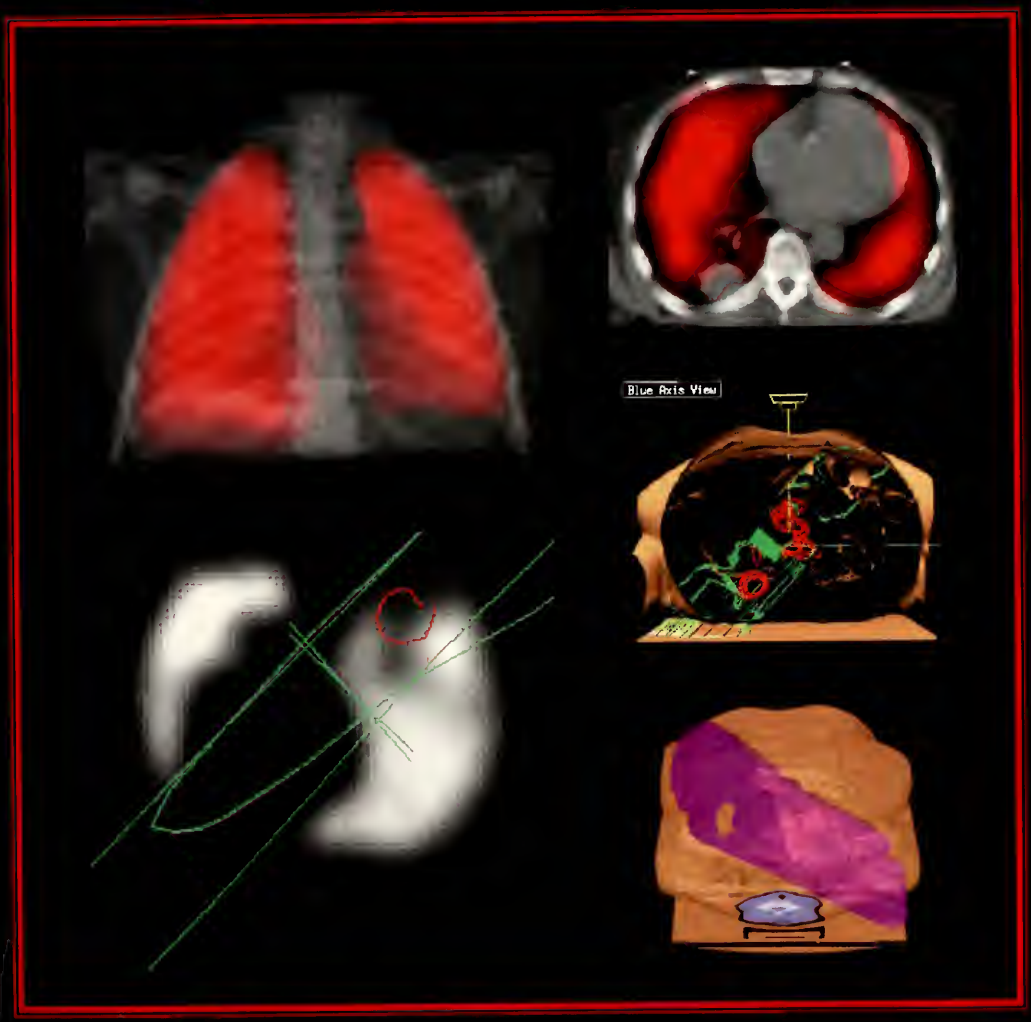
Winter 1995/1996

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



Dean's Page

It was my pleasure recently to brief our new Chancellor, Dr. Michael Hooker, about the dimensions of our School of Medicine and some of its more significant accomplishments. By way of preparation for that session, members of the dean's staff produced an impressive compendium of School of Medicine descriptive characteristics, some of which I would like to share with you here.

One fact that often surprises visitors from other institutions is the extent of faculty resources invested in the basic sciences. No fewer than 200 of our 825 faculty members are basic science teachers and researchers. This number is quite large compared to peer medical schools. It's a reflection, I think, of the depth and quality of our science, plus the fact that we are staffed to provide most of the basic life sciences instruction for students from the other schools at UNC-Chapel Hill.

Another little-known fact: Of the 22 UNC-Chapel Hill faculty members elected to the National Academy of Sciences, six have been School of Medicine faculty. Five of these are current members of the faculty: Kenneth Brinkhous, MD, Pathology; Carl Gottschalk, MD, Medicine and Physiology; Clyde Hutchison, PhD, Microbiology and Immunology; Mary Ellen Jones, PhD, Biochemistry and Biophysics; and Oliver Smithies, MD, Pathology.

Here are some student statistics:

We have a total of 658 medical students in the four classes. Six hundred-twenty six of this number are North Carolina residents, with the remainder coming from out of state.

Eighty-six members of the class are black. Asians number 62 and the remainder are members of other ethnic groups or white. Two hundred-ninety, or 44 percent, are female.

Nearly 60 percent of our 1995 graduates made primary care residency choices. Of our own residency positions, 41 percent are primary care training programs.

It should be no surprise that the School of Medicine's total budget is large — about $320 million this year — but many find the relative sources of our funding unusual. For example, 37 percent of total expenditures come from grants and contracts. Our faculty is incredibly productive in this area. Among the measures of this productivity is the fact that the UNC medical school ranks 14th among 126 medical schools in the nation in NIH extramural awards.

Clinical income provides the next largest proportion of our revenue — 28 percent, or $90.3 million for 1995. The state, generous though it is, provides only 22 percent of our resources. The remaining 13 percent comes from other sources such as foundations, corporations and alumni giving.

You may be interested, too, in this snapshot of our physical plant: There are about 30 School of Medicine teaching, laboratory, office and clinical sites, on campus and off. In all, this space totals about 930,000 square feet. This seems like a large amount, but we still face some severe facilities needs. Many of our buildings are old and none are big enough. And on-campus space for new construction is limited.

Finally, I'd like you to know about the medical school's eminence in the area of technology development. The School of Medicine accounts for about half the invention disclosures and patents filed by the University. Also, the medical school's sponsored research awards will total about $131 million for 1995. That amounts to 48 percent of the University's sponsored research awards for the period.

Our school is remarkable — in fact, as outlined above, and in spirit. We face exciting challenges. It is clear we are well-positioned to capitalize on emerging opportunities.

Michael A. Simmons, MD

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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The *Medical Alumni Bulletin* is published four times annually by the UNC-Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the non-profit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Medical Center Public Affairs, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

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On the Cover: 3-D lung scan and chest CT studies were "fused" to register the data sets. Treatment planning software, developed by the UNC-CH departments of Radiation Oncology and Computer Science, is used to direct radiation beam paths through tumor targets seen on the chest CT while minimizing damage to remaining healthy lung tissue as shown by the lung scan. 3-D imaging is one of the most recent developments in the science of radiology, born 100 years ago this November (see story, page 2). Special thanks to Randy Perry, MD, for his assistance with the cover images.

100 Years of Radiology: A Look Back, A Look Ahead

The Department of Radiology faculty in 1954, from left, William Sprunt, MD, Charles Bream, MD, Ernest Wood, MD, and Philip Johnson, MD.

This year marks the centennial of the discovery of X-rays, and the beginning of the medical science that became known as radiology. Wilhelm Conrad Roentgen, a German scientist and doctor, is credited with the discovery of X-rays in 1895. Within months after he published his findings, the technology spread throughout the world very rapidly and experiments proliferated.

By 1905, radiology had become a medical specialty, and in the next decade standards developed and the American College of Radiology was formed.

The technical aspects of radiology have changed most dramatically in the last 30 years, as subspecialties like interventional radiology developed, and computer advances made CT, MRI and ultrasound possible. As the technology has become increasingly complex, the role of the radiologist has been changing. No longer tucked away in front of a viewbox most of the time, radiologists have become more and more actively involved in patient care and in partnership with other clinicians to diagnose disease and to seek ways to provide better information for those clinicians.

Department of Radiology: The Beginnings

Like the proverbial one-room school house, the UNC Department of Radiology began in a 6,000 square-foot room in the then-newly constructed Memorial Hospital. Its two faculty members, Ernest Wood, MD, and Charles Bream, MD, did general radiology, nuclear scans and radiation therapy.

It was 1952, and the School of Medicine had just made the transition from a two-year to a four-year program under the nurturing of Dean Reece Berryhill. As part of the staff for the new teaching hospital, Dean Berryhill recruited Wood, neuroradiology section chief at Columbia Presbyterian Medical Center in New York, to be the new department chair, and Bream, who had completed residency at Columbia Presbyterian, to be vice chair.

"We did everything and we did it from scratch," recalls Bream, now retired after more than 20 years with the department. "We didn't inherit anything. We came to UNC for the chance to develop a new department."

The strength of the medical staff in other areas helped recruiting in radiology, adds Bream. "When we brought in potential recruits and introduced them to an orthopaedic or GI specialist, they were impressed and it was easy to get the recruits we wanted."

The next two faculty members to join the department, William Sprunt, MD, and Philip Johnson, MD, initiated a nuclear medicine program. And in 1961, a new junior faculty member, Reed Rice, and a resident, Luther Barnhardt, began one of the first screening mammography programs in the state. Everett Schultz, another new faculty member, brought his area of interest, neuroradiology, to the department.

Over the next few years, as more faculty joined the department, new modalities were added: radiation oncology, myelography, angiography, splenic scintigraphy, and biomedical engineering.

In 1965, Wood accepted a position in New York, and the School of Medicine recruited James Scatliff as department chair. He was joined in 1973 by Edward Staab, who came to UNC as division chief for nuclear medicine and became associate chair. As administrators they complemented each other.

"I was always interested in the financial aspects and how to get things working," explains Staab. "Dr. Scatliff was an incredible teacher and clinician. He has great depth and he was a great leader."

Scatliff and Staab oversaw the growth of the department from 10 faculty members to 25 in less than a decade. Pediatric radiology, ultrasound, interventional, digital imaging, MRI and radiobiology were added.

Research facilities were expanded to include a microradiology laboratory for research conducted by Richard Clark, who joined the department in 1973. To improve patient care, nurses were added to the department.

Working with computer and radiology industry experts, Staab began research in an application of digital radiology known as picture archive and communication systems (PACS). This research, which he continues today as chair of Radiology at the University of Florida at Gainesville, may lead to "filmless" radiology departments with patient images easily accessed at computer terminals.

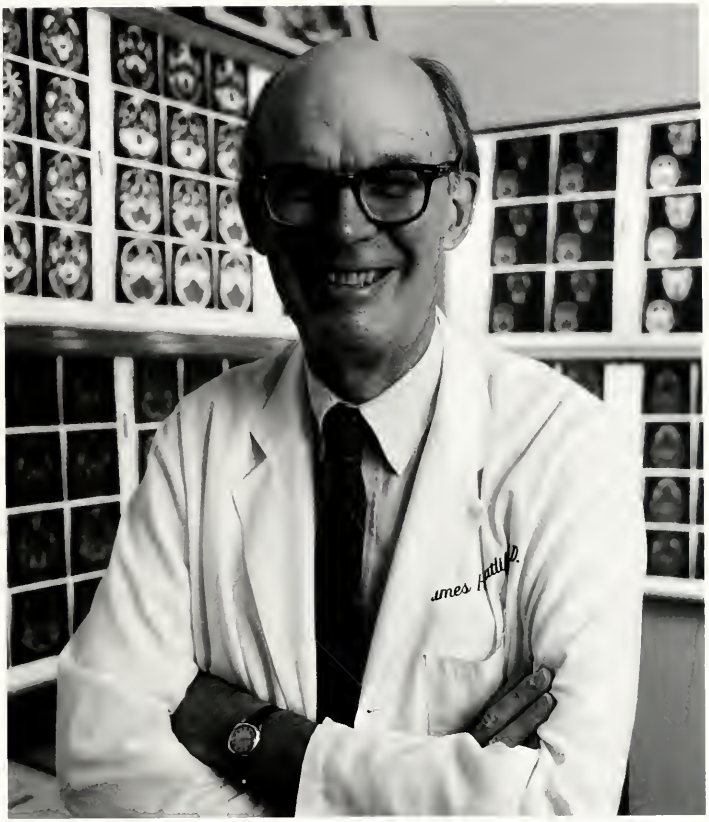
At times, acquiring a new technology proved challenging. "Jim Scatliff went to England on sabbatical in 1973 and saw a new concept there — CT," says Staab. "We had never seen a cross-section scan before and were intrigued." When the decision was made that UNC would acquire one of the first whole-body CT scanners in the country, "there was a lot of weeping and gnashing over the Certificate of Need," says Staab. "It became a huge process; even Ralph Nader became involved [because of safety concerns]. In the end we were instrumental in stopping the squashing of what has become an extremely useful procedure."

In 1991, Scatliff stepped down after serving 25 years. Joseph K.T. Lee, MD, joined Radiology as chair, and reorganized the department into research and clinical divisions. The clinical division consists of eight sections, separated mostly along an organ system concept. Currently there are 27 MD and five PhD faculty members.

A Tradition of Teaching and Community Outreach

As the first university in North Carolina, UNC-CH has always been the center of education in the state. The Department of Radiology is no exception; teaching and community outreach programs have been an intrinsic part of the department since its inception.

A student training program for radiology technologists was established by Wood, the first department chair. Subsequently, programs for radiation therapy and nuclear medicine technologists were added. In 1953, a three-year radiology residency program was started. It has grown from six residents in the early 1960s to 12 in 1970 and 21 in today's four-year program.



James H. Scatliff, MD, served as chair of Radiology from 1966-1991.

Wood and Bream also gave regular talks at other hospitals and to medical groups. "All of the doctors around the state looked to us for education, and we conducted a lecture about every month in Chapel Hill or Fayetteville," recalls Bream. A two-way radio medical conference, accompanied by slides that were sent to the participating facilities, was also instituted. Later, with the creation of a medical air fleet and an airport on campus, small planes transported faculty members to teach refresher courses to radiologists and technologists all over the state. This program continues today.

The teaching function of the department expanded through Scatliff's chairmanship. He involved outside radiologists in the medical student and resident teaching programs, initiated joint Duke/UNC radiology conferences, and started an annual continuing education course. The department still continues its long-standing support of the Area Health Education Centers program and radiologists in private practice. Scatliff was also involved in the formation of the North Carolina Chapter of the American College of Radiology, and was instrumental in the alliance of the chapter with the North Carolina Medical Society.

Under Lee's leadership, the Department of Radiology is entering a new phase of community outreach, through the Information Superhighway.

Radiology chairs from the medical schools at UNC-Chapel Hill, Duke, East Carolina and Bowman Gray are heading a workgroup to develop a system to provide 24-hour-a-day diagnostic radiology services to rural hospitals by using the North Carolina Information Highway. Through this "teleradiology" computer network, each medical school will be connected to one hospital that might not otherwise have access to the services of a subspecialty radi-

Joseph K.T. Lee, MD, succeeded James Scatliff as chair of Radiology in 1991.

ologist on a 24-hour basis.

"The hospital emergency room physicians can consult with a specialist in real time and exchange high-resolution radiologic images very quickly," says Lee. "Previously, consulting was done by telephone, augmented by fax transmissions and films dispatched by messengers. Teleradiology enables the consulting radiologist to provide assistance to emergency room physicians to evaluate whether a patient should be moved, what steps should be taken to stabilize the patient, and even to direct the care of an incoming patient."

Radiology in the 21st Century

The ascent of teleradiology is just one outgrowth of the marriage of computers and radiology.

The first major application of computers in radiology was the image processing workstation, initially used in general nuclear medicine and subsequently for cardiac nuclear medicine studies. The computer for this workstation collected data serially and allowed measurements to be made over time. Randy Perry, MD, associate professor in the nuclear medicine section, explains. "We could construct a ciné [a movie loop] which would, for example, allow us to look at the heart beating and calculate its performance." It also made it possible to adjust contrast, brightness and magnification of the image, and to apply edge enhancements for clearer interpretations.

The image display workstation, used for CT, MRI, nuclear medicine and digital subtraction angiograms, enables radiologists to view images on a computer screen alongside regular X-ray film. Eventually, there may be no images on film; they may be digitized and stored in a computer to be accessed when needed.

A more recent advance in radiology is three-dimensional imaging, an application that is becoming more common, says Perry. "I transform at least two patient data sets a day into 3-D images now. It is a much faster and more accurate way to see things."

Also on the horizon is multi-modality image registration, which combines two imaging modalities. For example, Perry explains, CT or MRI images can be combined with a nuclear medicine SPECT scan. Even 3-D images can be registered or "fused" into one.

"Most radiological images show anatomical structures, while nuclear scans provide functional information," Perry says. "When they are combined, the radiologist has information that is much more complete."

Over the next few years, the Department of Radiology will move from its current space to state-of-the-art facilities in the new Neurosciences, Children's and Women's hospitals. This will further enhance the department's ability to provide leading-edge radiologic services to patients and referring clinicians. It's a long way from the 6,000 square feet that Doctors Wood and Bream occupied in 1952, and an appropriate jumping-off point for the next 100 years of discovery. □

[Editor's Note: Excerpted from the Summer 1995 issue of images, *the newsletter of the Department of Radiology at the UNC-CH School of Medicine.]*

In March at the Pearl's Day lecture, Claire B. Wilcox, MD, clinical associate professor of radiology, led the audience in a chorus of "Happy Birthday" to the X-ray.

Med Student Teaches While She Learns

by Nancy L. Kochuk

Chiggers and *fat-back*. Fourth-year medical student Lisa Woolf had heard neither term before her visit to a Tarboro clinic this fall. For Woolf, a UCLA student who spent four weeks at UNC for a dermatology rotation, the chance to see patients in a rural setting was a new experience.

What struck her most were the warm relationships between doctors and patients. As patients would come and go, Woolf says, there were greetings and hugs all around.

"The patients were so grateful for the care they were receiving," Woolf says. "Some brought gifts for the staff. One woman brought in a pound cake and another a bucket of roses from her garden."

During her month at UNC, Woolf relished the variety of experiences the rotation provided. In addition to trips to outlying clinics, she also saw patients at the Ambulatory Care Center, studied kodachromes with Clayton Wheeler, MD, professor of dermatology, attended a UNC-Duke patient conference, and visited Dorothea Dix Hospital. Woolf was fascinated by the many different patient populations — from mill workers to veterans to patients with very specialized dermatology problems.

As much as Woolf learned from her time here, her UNC colleagues say they also learned much from her. Woolf, who is profoundly deaf, taught them that deafness need not be a barrier to communication.

Pamela Guest, MD, an assistant clinical professor of dermatology who worked with Woolf several days in clinic, is candid about her initial reaction. "At first I felt awkward talking to Lisa through an interpreter. It was almost as if our conversations were being recorded.

"But Lisa very quickly put me at ease," she adds. "Her outgoing personality made it easy and fun to be around her. Patients too warmed up to her right away."

Wheeler agrees that communication was never a problem. "Lisa is a very good communicator," he says. "She obviously has spent a lot of time and effort to develop her lip-reading and speaking skills to such a high level."

Lisa Woolf, right, reviews dermatology journals with Clayton Wheeler, MD. Treva Haynes interprets their discussion.

Woolf, who lost her hearing at age 2 as the result of a very high fever, was raised orally. That means rather than learning American Sign Language, she was taught to read lips and spent untold hours in speech therapy, perfecting her speaking skills. In fact, it wasn't until her last semester as an undergraduate that Woolf even used an interpreter in one of her classes.

"I was amazed at how much more I understood in class with someone there to tell me, for example, what the instructor was saying when he was writing on the board or what people sitting behind me were saying during a class discussion."

The experience was so powerful it convinced her that if she learned sign language and used an interpreter, she could succeed at medical school. Woolf jokes that medical school was downright easy with an interpreter. "Go ahead and write that down — that medical school was easy," she says with a laugh.

As a clinician, Woolf believes it's important to have an interpreter with her. "I need to understand everything that's going on," she says. "Even good lip readers miss some of what is being said. In medicine, if I miss one small thing — in taking an oral history, for example — it may make a big difference."

Up to now, she says, patients have all seemed comfortable having an interpreter in the room. "I tell them that the interpreter has a code of ethics too and will respect their confidentiality," she says. "It hasn't been a problem so far."

Looking down the road, Woolf says having someone in the office who knows sign language will be a priority for her. "Doctors can't predict who will walk into their office or clinic," she says. "It could be someone with a beard or moustache, which makes lip reading much more difficult, or even someone with no teeth. I have to be prepared to deal with anyone who needs my services."

People frequently ask Woolf about her disability, which suits her just fine. She welcomes the chance to educate people about the hearing-impaired. The only question that surprises her is when someone asks if she's considered a cochlear implant or tried other kinds of treatment.

"Being deaf has made me who I am," she says simply. "I think it's made me more sensitive to patients, more understanding.

"I consider deafness to be a kind of blessing." □

Free Cancer Screening Leads to Successful Surgery

by Katharine C. Neal

"It's a miracle." That's how Peggy Watson, 48, of Mebane, describes her husband Ricky's experience with last year's prostate cancer screening clinic at the Ambulatory Care Center. Peggy practically had to drag Ricky, 43, to the screening.

The prostate is a walnut-size muscular gland located at the base of the bladder in men. As they grow older, many men experience prostate problems, from mild enlargement that can affect urination, to cancer.

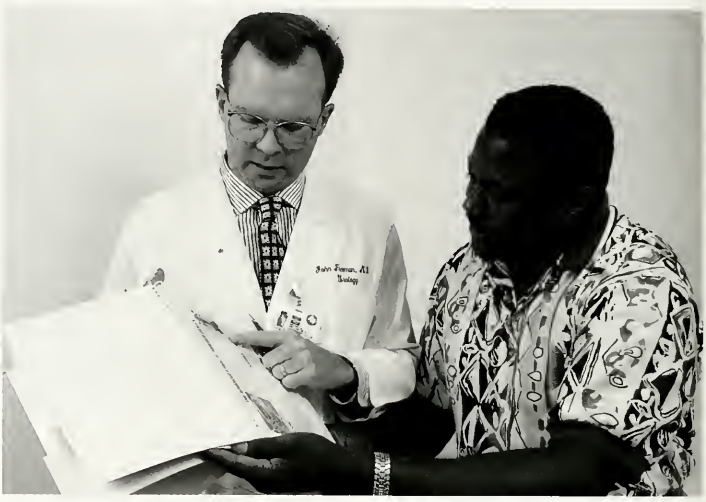
"Ricky didn't have any symptoms — no increased frequency of urination or difficulty urinating. But I knew that African-American men are more at risk for prostate cancer, so I wanted him to be examined," says Peggy, who works in the surgery clinic at the ACC. "When I got to work and saw the poster announcing the screening, I knew I had to get him in here."

Ricky "just happened to be in Chapel Hill" the day of the screening, he and Peggy recall. He'd taken a day off to run some errands with his son. "I went over to visit her at the ACC," Ricky recalls, "and she told me I had to go to the screening. I told her there wasn't anything wrong with me."

Ricky's blood test was normal, but when John Freeman, MD, a urologist, did the rectal exam, which allows a physician to feel the gland itself, "I felt a hard place on the prostate that seemed abnormal. I told Peggy it could be an infection, or it could be cancer." Ricky underwent a biopsy, during which a small piece of tissue was removed and tested. The biopsy showed that cancer had invaded a significant portion of the prostate.

Given Ricky's relative youth and good health, Freeman recommended surgery to remove the cancerous gland. In previous years, removal of the prostate meant the patient would never be able to achieve an erection. Some health care professionals believe fear of this kind of surgery may prevent men from being examined.

But at UNC, surgeons use a special nerve-sparing technique that means despite the loss of the prostate gland, most patients are still capable of sexual relations.



John Freeman, MD, reviews information with Ricky Watson during his six-month check-up in August.

The surgery was in October, 1994. In February, Ricky returned to his job as a big-rig driver for Burlington Industries. And a six-month check-up in August showed he's still doing well.

Both Peggy and Ricky say the whole experience was "shocking and unreal," but they are grateful to the health care professionals who donated their time to participate in the screening that may well have saved Ricky's life. They also speak highly of the care they received at UNC Hospitals.

"Dr. Freeman is a great doctor," Peggy says. "He was very good at informing us about what was going on."

As for men who avoid screenings because they fear the rectal exam component, or the diagnosis of prostate cancer, Ricky says, "It's all in your mind. It was smooth sailing for me — it wasn't hard.

"When you hit 40, you need to have it [your prostate] checked out." [The Prostate Cancer Education Council recommends annual exams for African-American men over 40, and for other men after age 50.]

Peggy agrees. "If you catch it early, it can be cured. It's not the end of the line."

Free prostate cancer screenings were again held at the ACC this year. More than 300 men were examined during the two days of the screening, held Sept. 19 and 21. The screenings were sponsored by the School of Medicine's Department of Urology, the Hospitals and the Lineberger Comprehensive Cancer Center. Participating UNC health-care professionals included urologists Culley C. Carson, MD, division chief, Joseph Khoury, MD, James Mohler, MD, and John Freeman, MD; Bernadette Williams, RN, screening coordinator, Urology; Becky Kelley, surgery clinic patient services coordinator; and Karen Colton, RN, surgery clinic manager.

Corporate sponsors included Abbott, Cook Urological, MERCK & Co. Inc., Pfizer, Schering and TAP Pharmaceuticals Inc. □

Keeping 'Common Sense' in Medical School

Henry R. Lesesne, MD, professor of medicine, welcomed the medical school's Class of '99 and gave them some timely tips on "Keeping Your Common Sense (Wisdom) in Medical School" during the annual Whitehead Lecture in August. The lecture was established to recognize the high standards and leadership of Richard H. Whitehead, MD, who served as dean of the medical school from 1890 to 1905.

Lesesne provided the standing-room-only crowd of medical students and faculty with important "object lessons":

- Maintain an attitude of gratitude. "Realize how thankful you are to people who helped you get here," Lesesne said. He provided entering students with postcards of the medical center so they could send thank-you notes to a special family member, friend or mentor.
- You have medical common sense; use it. To prove to the entering students that they did, indeed, already possess medical common sense, Lesesne asked them to take a brief test. He asked the following questions:

  1. What is the largest organ in the body? (The skin, although Lesesne, who specializes in liver diseases, said he'd give partial credit to anyone who wrote down liver.)

  2. If 20 percent of your patients have a problem in common, should you be able to care for it? (Yes. Twenty to 30 percent of all patients have a substance abuse problem, especially alcoholism, Lesesne noted, and until recently, medical students were provided with little information on how to address the problem. Now, he said, students are learning about alcohol and drug problems, and how to care for patients with those challenges.)

  3. Your first goal as a doctor is "To do no _____." (Harm, from the Hippocratic Oath.)

  4. You have one mouth and two ears. What does that tell you? (That you should listen twice as much as you talk. "Listen to your patients," Lesesne advised.)

  5. Heart sounds are best heard during inspiration or expiration? (Expiration, because it decreases the distance between the heart and the stethoscope.)

  Bonus question: The patient's skin is yellow. What is your first question? (What drugs are you on?)

At the end of the test, Lesesne asked for a show of hands by those who had answered at least one question correctly (everybody had). "See? You have medical common sense," he said. "Now," he said, "I'm going to suggest ways for you to keep it."

- Your schooling is over; your work has begun. "You'll refer back many times to the things you learn during the next four years, such as anatomy," he said.
- Work should be a pleasant affair. "Be sure you enjoy what you're doing."
- Respect and learn from your teachers.
- Respect and learn from your classmates. "You've just completed 16 years of guerrilla academic warfare. The warfare is now over — there are 160 places for you next year, and the next. You're joining the UNC family."
- As you work, don't forget to relax and refresh yourself. Lesesne also recommended giving spouses and children quality time, if quantity time is not possible.

Lesesne's final piece of advice: Adopt an attitude of serving mankind. "Some people think MD means MDeity. It's easy to get puffed up," he said. "As a physician, you will be given much knowledge and wisdom. Use them to serve mankind, not to lord them over others." □

— *K.C.N.*

Henry R. Lesesne, MD

Doctor Has Clear Vision of Need to Help Others

Ophthalmologist Albert Munn III in his downtown Raleigh office. Munn's work to bring eye care to those too poor to pay for it has brought him an award from the American Medical Association.

[Reprinted with permission from The News & Observer of Raleigh, N.C.]

by Tanika White

It is 10:30 on a Friday morning, and Albert Munn III, MD '85, has seen eight patients and had two cups of coffee. Now he pauses to quote an ancient Chinese philosopher.

"Goodness, fortitude and charity. These are the good deeds that the world has forgotten today," Munn recites as he waves his coffee cup, which is decorated with a big blue eye. "And that's why the world is sick."

Munn is determined to fix some of what's wrong with the world, if not through his ophthalmology practice in downtown Raleigh, then by example.

In July 1994, he and ophthalmologist Walton Joyner opened a clinic at Wake Medical Center to provide free, comprehensive eye care for the poor. Wake Medical Center provides the space, equipment and support staff.

"It's an act of charity and good will," Munn says. And an act that has been recognized by patients, colleagues and the American Medical Association.

Citing his work at the clinic and other projects to help the poor, the AMA this year awarded Munn its Community Service Award for young physicians. Munn, 37, received a plaque during a ceremony in Chicago in June.

The secretary-treasurer for the North Carolina Medical Society, in a letter congratulating Munn, said, "It is young physicians like you who get involved in the community that help clean the image that physicians have let slip over the years by being less community oriented."

"It was an unexpected recognition," Munn says. "I hope that it would raise awareness of physicians' commitment to

community, and the job the physicians have always done in providing for the poor."

Munn says he strives to make his mark in the community, carrying on the legacy that George and Hale Thornhill began in 1949 in a little brick office on Jones and St. Mary's streets. Like the recently retired Thornhills, Munn provides care to patients who can't afford to pay for it, along with care for other patients the Thornhill brothers have treated for years.

In addition to his work with private patients, Munn also has provided eye exams for migrant workers in Fuquay-Varina.

"We met them in churches, because that's the only place people can gather with a roof out on those farms," Munn says.

And he has established a liaison between the Durham Tech Opticians School, Wake County Medical Center and Glaxo Wellcome Plc. to arrange for free glasses for patients who can't afford them.

"We see people here whether they can or they can't pay," Munn says. "We work that out later."

But as health care regulations become more restrictive, Munn says he envisions a time when he will be forced to turn away patients who don't have insurance.

"If that happens, I would probably quit medicine," Munn says.

Watching Munn at work, it's obvious he is dedicated to his patients, says Debbie McDade, Munn's office manager.

"He's real patient-dedicated," McDade says. "He's real worried about patients having to wait."

This particular Friday, several patients are waiting. Munn is aware of the pileup in the waiting room and speeds up his long-legged stride. Standing 6 feet 4 inches tall, he nearly glides through the halls. His rapport with his patients is just as smooth. He seems adept at winning over even the most impatient patient.

One patient waited for an hour before she began to get, as McDade put it, "agitated." When she taps on Munn's office door, interrupting his conversation with a visitor, Munn leaps out of his chair, ignoring the yellow "IMPORTANT MESSAGE" slips that litter his desk, and runs to the waiting room.

Then he works his charm.

"No problem!" his voice booms through the walls, responding to the woman.

"You got it!" he adds gaily. Pretty soon, the woman's laughter can be heard through the door. Munn moves to the next door swiftly, trying to avoid making another patient unhappy.

This day, Munn will see 16 patients. They include a 3-year-old whose puppy accidentally sliced open his eyelid as they were playing, a woman contemplating surgery for worsening glaucoma, and 14-year-old Steve Sproehnle, who has been hit in the eye with a BB.

Obviously unnerved by the gangly contraptions Munn uses to see inside his red and tearing eye, Sproehnle fidgets, squints and follows Munn's every move.

But when the exam is over, he likes the doctor's orders: "TV is OK, Steve, but reading is out for a week." Perhaps that prescription colors the teenager's assessment of Munn. "He's pretty nice," he says. "I like him."

He is one of many.

"Most eye doctors don't talk to their patients — most of them are just in and out," says Lisa DeJarnette, who practices internal medicine at Raleigh Medical Group. "But he has a little more personality than most eye doctors. He's very congenial and outgoing and funny."

"He's probably the most personable doctor in Wake County," says George Holden, a longtime friend of Munn. "He's the type who will call a patient after they've seen him to see how they're doing."

McDade agrees.

"It's nice that there are still doctors who enjoy" caring for patients, McDade says. "We're still getting on our feet. But I think it's going to work." □

[Editor's Note: Reprinted with permission from the News & Observer of Raleigh, NC]

PROFILE:
ALBERT ROGERS MUNN III, MD '85

Born: July 10, 1958, in Charlotte.

Family: parents, Albert and Patricia Munn of Matthews, NC; two daughters, Alaine Ruth Munn, 8, and Satie Rachael Munn, 6; two sisters, Linda Munn Rose and Patricia Ruth Munn, and two brothers, Charles Leslie Munn and Scott Brooker Munn, all of Charlotte.

Education: BA chemistry, UNC-Chapel Hill; MD, UNC-Chapel Hill School of Medicine; internal medicine resident, New Hanover Memorial Hospital, Wilmington; ophthalmology resident, University of Texas Medical Branch, Galveston.

Hobbies: Skiing, scuba diving, windsurfing, racquetball; travel, most recently to Estonia.

Pets: Russian Dwarf hamster named Sasha and three hermit crabs that he got for his daughters.

Interesting facts: Before becoming a doctor, Munn was a lifeguard. He has his own publicist, Charlotte Holmes of PRSource, Inc., to help promote his community service activities. He has 20-20 vision.

Conquering Alcoholic Liver Disease

Liver disease caused by excessive drinking affects millions of people around the world and is the fourth leading cause of death for urban males in this country. No effective treatment has been found for alcoholic liver disease, however, in part because no one knows exactly how alcohol injures the body's largest internal organ.

Research now under way at the School of Medicine is shedding light on the specific process involved in liver damage. The studies suggest that it may be possible to use drugs to prevent or reduce alcohol-induced liver injury.

Scientists know that excessive alcohol causes inflammation in the liver. It now appears the inflammation occurs when alcohol kills some of the normal bacteria that live in the intestines. When the bacteria die, they release poisons known as endotoxins. The poisons then damage the liver.

In laboratory experiments conducted by Ronald G. Thurman, PhD, director of the hepatobiology and toxicology lab at UNC, antibiotics have been used to prevent liver injury in rats exposed to alcohol. In one experiment, Thurman and his colleagues fed rats ethanol around the clock for three weeks. Normally, such binge consumption would kill bacteria in the intestines, thus releasing the endotoxins that damage the liver. But by using antibiotics to sterilize the rats' intestines, the UNC researchers were able to prevent the endotoxins from being released, thus preventing liver disease.

Previous work in Thurman's laboratory suggested that Kupffer cells — large scavenger cells in the liver — are involved in the disease process as well. The Kupffer cells' natural job is to clean up the blood. When alcohol-induced inflammation occurs in the liver, the Kupffer cells are activated. They then produce toxins that harm the liver.

Thurman, who has worked at UNC in the Department of Pharmacology for more than 20 years, says all of these findings have come about very recently. What had stymied researchers for years, he says, was finding a way to create the pathological changes in the rats' liver that occur in human alcoholics. By feeding rats alcohol, scientists had been able to produce fatty liver, the first stage of liver disease. But they had been unable to create the later and more severe stages of liver disease.

Ronald G. Thurman, PhD

In most studies, rats were being given alcohol at night, during their most active time. Then, during their daytime inactive period, the rats were able to recover from the alcohol's effects, staving off the kind of inflammation seen in humans.

The breakthrough came when two California scientists established an animal model in which rats were fed alcohol continuously. "For the first time," Thurman says, "we could generate true alcoholic liver disease."

Now that the disease process is better understood, Thurman says, research will focus on drugs to intervene in different stages of that process. In particular, he says, researchers will focus on gut bacteria, on the absorption of endotoxins and on Kupffer cells.

He believes scientists are about five years away from finding the right drug to prevent liver disease.

"We think this work is very important, considering there are 600,000 new cases of alcoholic liver injury around the world each year," said Thurman. And while educating people about the dangers of excessive drinking is important, he says, "we have to work on the assumption that people are not going to stop drinking. Our goal is to find ways to prevent or reduce the incidence of alcoholic liver disease." □

—N.L.K.

Fuller Recipient Goes Extra Mile for Patients

"Without question, he is one of our most compassionate and dedicated physicians." — P. Frederick Sparling, MD, chair of the Department of Medicine

"His commitment to patient care is legendary among the medical community and with his patients. His one guiding principle is that patients should be the focus of all medical care." — Tim Carey, MD, chief of the Division of General Medicine and Clinical Epidemiology

"Working with him is a wonderful experience. He should be a required part of medical school!" — 4th-year medical student on ambulatory selective evaluation

Fuller Award winner James A. Bryan II, MD, prefers cycling to work over driving.

He is James A. Bryan II, MD, professor of medicine and this year's winner of the Fuller Award, given annually by the UNC Hospitals Board of Directors for dedication to compassionate patient care and excellence in teaching. The award is named for H. Fleming Fuller, MD, a Kinston physician and longtime member of the Hospitals board who died in 1986.

An exceedingly warm and caring physician, Bryan is also known as a fierce advocate for patients he believes are getting shortchanged by the health-care system.

Katherine Savage, who works in the Office of Community Medical Education, is one of his many admirers. She has been a patient of his for many years, as have her husband, parents and a son. She has seen up close the kind of devotion that Bryan inspires.

When her mother became very ill many years ago and doctors in Alabama were unable to pinpoint the problem, Savage convinced her to travel to Chapel Hill to see Bryan. Within two days Bryan had a diagnosis.

"He came over to my brother's house to tell my mother and the rest of us that she had lymphoma. Despite the seriousness of the disease, he was encouraging and so positive that she wanted him to be part of her treatment and care. So she and my father made the 500-mile trip between Auburn and Chapel Hill for chemotherapy. At first it was every two weeks, and then once a month." The strength of her mother's belief in her physician, Savage believes, was a factor in her cancer going into remission.

When Tim Carey, MD, joined the Department of Medicine over a decade ago, he shared night call with Bryan. "I learned that Jim knows his patients not as biochemical entities, but as complete individuals. He knows their physical examination, their laboratory tests, their family situation, their past histories, their emotional problems and the status of their home."

Bryan follows patients throughout the continuum of health and illness, Carey says. "He strives to keep well people well, to understand the problems when they get sick, to work with patients with severe diseases such as lymphoma, and to give them compassionate care when the time comes for hospice."

Harry Phillips, MD, a patient and former professor of health policy administration in the School of Public Health, speaks directly to Bryan's compassion. He recalls the fall of 1990 when he was struggling to care for his dying wife at home. "During those last few weeks, Jim came to our home every day. He was coming not only to see how she was doing, but also how I was coping. He didn't have to do that, you know. It was a wonderful thing for him to give me support when I needed it."

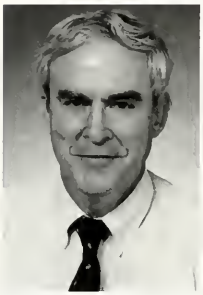
Bryan's fan club is not limited to patients and colleagues. Medical students consistently name him as one of their most influential teachers and they have bestowed numerous awards on him. "Working with Dr. Bryan has been one of my most meaningful experiences in medical school," one student wrote on an evaluation form. "He is an outstanding teacher with the interest and energy necessary to be most effective. He is caring and compassionate and treats patients as whole individuals. He is a remarkable mentor whom I have been very fortunate to work with."

Savage sums up Jim Bryan and his approach to health care: "Jim has always been the kind of doctor we're trying to train here at UNC," she says. "He understands the importance of building relationships with patients and their families. He knows doctors can't just issue an order and hope the patient will carry it out. The physician has to know what's realistic in terms of the family situation and the kind of support that person has." □

— *N.L.K.*

Faculty Notes

David R. Clemmons, MD, professor of medicine and chief of Endocrinology and Metabolism, has been named Sarah Graham Kenan Professor at the School of Medicine. The appointment was effective July 1.



Clemmons

P. Frederick Sparling, MD, chair of the Department of Medicine, describes Clemmons as "a truly extraordinary, very gifted individual."

The professorship, one of four bearing the Kenan name at UNC, honors the memory of Sarah Graham Kenan, daughter of William R. Kenan Sr. The endowed chair was established in 1968 by the Sarah Graham Kenan Foundation Inc.

Clemmons received his MD with honors from the UNC School of Medicine in 1974.

Before being appointed to the UNC faculty in 1980, Clemmons was an intern and resident in internal medicine at Massachusetts General Hospital and Harvard Medical School. He was also a medical resident at Johns Hopkins Hospital, and a research fellow in endocrinology at Massachusetts General and in cell biology at UNC.

In 1978, Clemmons won a National Research Service Award, and in 1983 served as a Jefferson-Pilot Fellow in Academic Medicine. He was honored by the American Society of Clinical Investigation in 1986, and was elected to the American Association of Physicians in 1995.

An endocrinologist, Clemmons has a special interest in diseases of the pituitary and adrenal glands and growth hormone disorders. He currently serves as editor of *Endocrinology* and associate editor of the *Journal of Cellular Physiology*.

The Nashville, TN, native received his bachelor's degree from Davidson College in 1969.

Don K. Nakayama, MD, chief of Pediatric Surgery and associate professor of surgery and pediatrics, and **Walter B. Greene, MD**, professor of orthopaedic surgery and pediatrics, have been selected to be included in the first edition of *The Best Doctors in America: Southeast Region 1996-1997*. The publication is based on a survey in which more than 5,000 doctors in the Southeast were asked to rate the clinical abilities of their peers.

Stanley Froehner, MD, professor and chair of the Department of Physiology, has been awarded a Jacob K. Javits Neuroscience Investigator Award from the National Institutes of Health.

Froehner

Froehner received the award to continue his research on the molecular biology and physiology of neuromuscular signaling, the process by which nerves control muscle activity.

The grant, which provides research support for seven years, is given to investigators who have a distinguished record of research in some field of neurological science. It is named after the senator from New York who was a strong supporter of research in the basic sciences. Javits died of the neuromuscular disorder amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's disease.

William W. McLendon, MD, professor emeritus of pathology and former director of Hospital Laboratories, was honored by the UNC Hospitals Board of Directors at its September meeting. McLendon was recognized as being "a learner, teacher and builder at the University of North Carolina for more than four decades" who, on returning to Chapel Hill in 1973, led "an innovative restructuring of laboratory services for the School of Medicine and then-North Carolina Memorial Hospital.

McLendon

"During the next 20 years he helped transform the Department of Hospital Laboratories into a nationally recognized organization that has consistently achieved outstanding honors for the quality of its clinical practice and the excellence of services provided," the resolution said. Also noted was the commitment to patients, medical students and residents demonstrated by McLendon and his wife of 43 years, Anne, herself a longtime Hospitals volunteer. In honor of McLendon's service and exceptional accomplishments, the board named the Hospitals clinical laboratories The William W. McLendon, MD, Clinical Laboratories.

William E. Easterling Jr., MD, professor of obstetrics and gynecology and associate dean for Continuing Medical Education and Alumni Affairs, is president-elect of the Society of Medical College Directors of Continuing Medical Education.

Linda Van Le, MD, assistant professor of obstetrics and gynecology in the Division of Gynecologic Oncology, has been awarded the 1995 James W. Woods Junior Faculty Award.

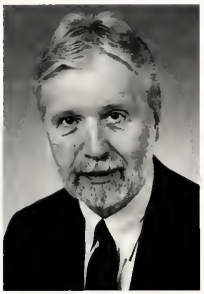
Van Le

Van Le, who directs the Gynecology Oncology Chemotherapy Clinic, received the award for her research proposal, "Evaluation of a Urine Tumor Marker for Ovarian Cancer."

Joseph Pagano, MD, director of the UNC Lineberger Comprehensive Cancer Center, said Van Le is "a born academician" and "a dedicated clinician."

The award, named for a distinguished former faculty member, goes to talented young clinical faculty members in the medical school.

David E. Yoder, PhD, professor and chair of Medical Allied Health Professions, will direct a $2 million funding program to provide assistive technology to people with movement, sensory or communication impairments.



Yoder

The Kate B. Reynolds Charitable Trust is providing the funding. Public and private nonprofit groups across the state will be eligible for two-year grants of up to $200,000. The Kate B. Reynolds Ability Program will serve disabled adults who live in rural communities across North Carolina or who are among groups that have traditionally been underserved by the health-care system.

Yoder also was recently elected to a two-year term on the board of directors of the Association of Schools of Allied Health Professionals.

Joseph S. Pagano, MD, director of the UNC Lineberger Comprehensive Cancer Center, has been named vice president and president-elect of the Association of American Cancer Institutes.

Pagano

The national group of 78 cancer organizations supports research into cancer's causes, prevention and treatment by promoting collaborations among institutions, fostering educational and training opportunities in related biomedical sciences and guiding federal, state and local governments on cancer issues.

Karl Bertrand Fields, MD, associate professor of family medicine, has been appointed director of the Family Medicine Residency Program of the Greensboro Area Health Education Center. He was previously associate director of the program.

Yue Xiong, PhD, assistant professor of biochemistry and biophysics, and **Lewis H. Romer, MD**, assistant professor of pediatrics, are recipients of the 1995-96 Jefferson-Pilot Fellowship in Academic Medicine.

Xiong

The fellowship, which awards the two faculty members $3,000 per year for four years, was created by the Jefferson-Pilot Corp. to attract and retain promising junior faculty members in the medical school.

Xiong, who came to UNC-CH in 1992, is studying cell cycle regulation, tumor suppressors, the role of cell-cycle dependent kinases inhibitors in intra-cellular signaling pathways, and cell differentiation.

Romer

Romer, who came to UNC-CH five years ago, is conducting research on cellular signaling and enothelial adhesion proteins.

James R. "Buddy" Harper Sr., MD, clinical professor of medicine, is president-elect for the state affiliate of the American Heart Association for 1995-96.

Clyde A. Hutchison III, PhD, Kenan professor of microbiology and immunology, has been elected to fellowship in the American Academy of Microbiology. Fellowship is the highest honor the academy bestows.

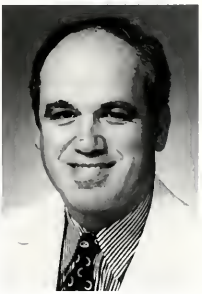
The academy recognizes distinction in all areas of the microbiological sciences, promotes professional recognition and fosters high scientific standards among microbiologists. The 1,250-member organization, consisting of scientists around the world, also sponsors meetings for developing position papers on science and microbiology.

Donald T. Forman, PhD, professor of pathology, has received the 1995 American Association of Clinical Chemistry's Division of Animal Clinical Chemistry Award. The award recognizes outstanding contributions to animal clinical chemistry. Recipients receive a $2,000 honorarium.

Forman, associate director of clinical chemistry laboratories, received the award July 18 at the association's national meeting in Anaheim, CA.

George F. Sheldon, MD, Zack D. Owens distinguished professor of surgery and chair, Department of Surgery, co-authored an article published in the Sept. 6 issue of *Journal of the American Medical Association.* The article, "Calculating the Workforce in General Surgery," appeared in JAMA's annual special issue on medical education.

Harold C. Pillsbury III, MD, Thomas J. Dark distinguished professor of surgery and chief of Otolaryngology, was elected into the Collegium ORLAS. The Collegium, founded in 1926, is an international group of otolaryngologists/head & neck surgeons from 43 countries who exchange scientific information. Each country is allowed ten active members; because of its size and scientific density, the United States is allowed 20 active members. Pillsbury was elected to membership because of his scientific contributions in the field of otolaryngology and dedication to education.



Pillsbury

Serving the State's Pediatric Transplant Needs

Paige Christian of High Point and Ashley "Dakota" Aiken of Rosman, near Brevard, didn't even know each other until this spring, when both wound up on the pediatric surgical unit at UNC Hospitals, each recovering from a liver transplant. The two girls had different medical problems, but both came within hours of dying before undergoing life-saving surgery. Today, they are healthy and happy, playing softball, going to school — doing all the things youngsters should be doing.

Their successful recoveries are good examples of how the comprehensive pediatric transplant center at UNC serves the children of North Carolina.

"We really are the pediatric transplant center for North Carolina," says Jeff Fair, MD, director of the abdominal transplantation program and Dakota's surgeon. "We have been doing more kinds of transplants longer, and on more children, than any other medical center in the state."

The transplant program at UNC began in the late '60s with adult kidney transplants. The first pediatric transplants were in 1975, but the true growth has occurred in the past 10 years. Surgeons now perform between 15 and 20 pediatric transplants a year, including kidney, heart, heart-lung, lung, liver and bone marrow.

UNC's Cystic Fibrosis Center brings pediatric and adult patients from all over the country, some of whom are appropriate candidates for lung transplantation.

For example, in September, news crews were on hand to record the arrival of 12-year-old Nathen Estermyer and his parents at Raleigh-Durham International Airport. The three had flown to North Carolina from Michigan so that Nathen, a cystic fibrosis patient, could undergo a bilateral-lobe lung transplant at UNC Hospitals. Tom Egan, MD, director of UNC's lung transplantation program, was Nathen's surgeon.

The reason for the media interest? Nathen's parents, Lori and Richard, each donated a lung lobe to their son. The successful surgeries were performed Sept. 27, and as the *Bulletin* went to press, Nathen's parents were out of the hospital and Nathen was still recovering.

Jeffrey Fair, MD, visits with Dakota Aiken shortly before her July 14 discharge from North Carolina Children's Hospital.

"We're one of the few centers in the country that does pediatric lung transplants," Egan says, "and we have one of the largest experiences in lung transplants for cystic fibrosis in the world."

Michael Mill, MD, is a cardiothoracic surgeon and overall director of transplantation at UNC. "We have the surgical and medical specialists to make the pediatric transplantation program work.

"We also have exceptionally skilled nurses, transplant coordinators, respiratory and physical therapists, dietitians, social workers and many other health-care professionals who provide critical support for the program. It is very much a team effort," Mill adds.

Lela Brink, MD, director of the Pediatric Intensive Care Unit, agrees. "We see these children before and after surgery. Most of them do very well, and that's because we have a cohort of services and a comprehensive level of care that are not available

anywhere else in North Carolina." That level of care includes a wide variety of medical specialists, from gastroenterologists to cardiologists.

"The commitment to care is incredible," she adds.

Mill points to the importance of North Carolina Children's Hospital and the resources it provides to pediatric transplant patients and their families. For example, there is a separate pediatric surgery unit, in place for four years now. The unit sees many of the children as they recover.

"Most children recovering from surgery are in and out of the unit in a couple of days," says Melody Watral, RN, MSN, nurse manager for the unit. "But our transplant patients generally take longer to recover, so we get to know them and their families very well.

"Our nursing staff devote a lot of time and care to developing a trusting relationship with these patients and their families," Watral adds. "They use their talents to keep these children well."

To complete the comprehensive nature of UNC's program, the Hospitals Board of Directors recently approved pancreas transplants. These are done most often on adults with severe diabetes, but can be done on children. "The addition of pancreas transplants makes us the most comprehensive transplant center in the Southeast," says Alan Millikan, former administrative director of transplantation and dialysis.

Millikan also noted the important transplant research being done at UNC. "As our databases grow, they provide invaluable information that will lead to even better patient care and improved outcomes."

UNC often transplants very high-risk patients, such as Paige, Dakota and Nathen, Millikan added, "But we maintain very low morbidity and mortality rates."

Sickle-cell patients also fall into the high-risk category. Joe Wiley, MD, directs the pediatric bone marrow transplant program. Just over 18 months ago, he performed the state's first bone marrow transplant for a patient with sickle-cell disease. In May of this year, 14-year-old Shannon Saunders, healthy and sickle-cell free, threw out the first pitch at the UNC Hospitals Family Picnic Day. "Except for medications and occasional clinic visits, he's living a normal life," says Wiley.

For Fair, the abdominal transplant surgeon, seeing a child like Dakota recover from near death is what makes being a surgeon worthwhile. A North Carolina native, he returned to his home state after extensive training at Johns Hopkins because "there is a tremendous unmet need for liver and pancreas transplants. About 160-180 people in this state need liver transplants each year, but the total done in 1994 was only 85. That means people are going far from home to have the procedure done, or they aren't being identified as transplant patients until it's too late."

He emphasizes the importance of physician and patient education in solving this problem. "Many patients are never identified as candidates for transplant. Fortunately, Dakota's physicians in Asheville were aware of transplantation as an option, and that UNC is the state's most comprehensive pediatric transplant center." □

— K.C.N.

Paige Christian, who got her new liver on July 3, 1995, with her transplant surgeon, Hartwig Bunzendahl, MD.

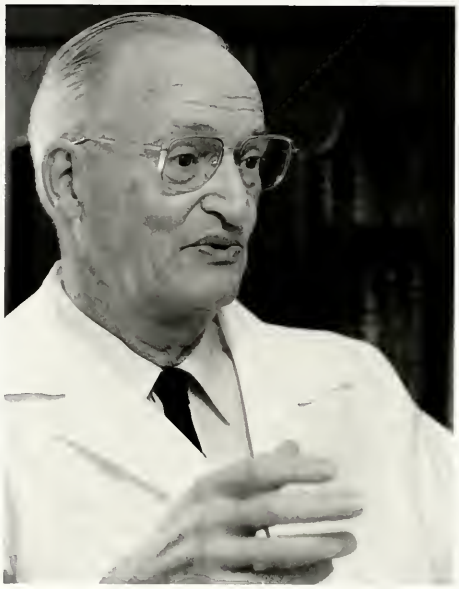
Pediatric Transplantation at UNC

	1990	1991	1992	1993	1994	YTD 1995	TOTAL
Bone Marrow	0	0	0	4	4	4	12
Heart	0	0	4	3	2	0	9
Liver	0	0	5	5	4	7	21
Lung	1	7	3	5	1	2	19
Kidney	9	6	3	2	4	2	26

Reflecting on 'A True and Wonderful Treasure'

Every fall, the medical school honors one of its own, a member of the faculty whose accomplishments have added distinction to the UNC School of Medicine. That person is chosen to give the Norma Berryhill Lectureship, named in honor of Norma Berryhill who, along with her husband Dr. Reece Berryhill, contributed immeasurably to the development of the school. Dr. Berryhill was dean from 1941 to 1964.

The 1995 Norma Berryhill Distinguished Lecturer is Christopher C. Fordham III, MD, professor emeritus of medicine and social medicine, dean emeritus of the School of Medicine, and chancellor emeritus of the University of North Carolina at Chapel Hill. As the Bulletin *went to press, Fordham shared some thoughts about what makes UNC-Chapel Hill so special.*



Christopher C. Fordham III, MD

A true and wonderful treasure. That's how Christopher Fordham, MD, this year's Berryhill Distinguished Lecturer, refers to his beloved University of North Carolina at Chapel Hill. He knows the institution well. He has been intimately involved in shaping its character from many different perspectives — as a student, clinician, teacher, scientist-scholar, adviser, administrator and chief executive. And what he values above all about this place is the UNC tradition of excellence, engendered by faculty interaction that is genuinely collegial.

"Scholarship does not lend itself to compartmentalization," he says. "It is essential to cross departmental and divisional and school lines to work with each other in a collaborative and collegial way, with genuine mutual respect and caring. We do that at this university. It's one of its great assets."

The School of Medicine reflects those same qualities, Fordham says. And in doing so, it successfully balances the work of producing new biomedical knowledge on human health and disease, delivering outstanding clinical care to the people of North Carolina, and providing excellent education to medical students, housestaff, and physicians across the state.

One factor that enhances the School of Medicine's ability to excel in these endeavors is that it is located on the university campus, Fordham says. Only about a quarter of the medical schools in this country are similarly situated.

He credits the Berryhills for their vision of what a school of medicine operating in an atmosphere of collegiality and collaboration could achieve.

"Many people had wanted the medical school located in one of the larger cities, but Dr. and Mrs. Berryhill fought with unparalleled resolve and determination to see the state of North Carolina build its own medical center on this campus," he says.

During his own tenure as dean, Fordham built even stronger relationships with the other health science schools on campus and with the rest of the university.

"The people of North Carolina are fortunate that the decision was made to put the School of Medicine on the university campus," Fordham says. "Both scholarship and service have been enhanced as a result."

The medical school's tradition of excellence goes back a long way. Fordham recalls his own pride in being associated with the school as far back as the 1950s, when he was first hired as an instructor in physical diagnosis. He remembers one particular faculty meeting Dr. Berryhill presided over in the clinic auditorium.

"As a very junior faculty member, I remember sitting in the auditorium. Dr. Berryhill was at the blackboard explaining the budget outlook, which was dismal. In fact, listening to him, I almost believed we were going to drop off the edge of the earth, things were so bad. But I sat there and sort of tuned out all of that and thought, 'Gee, it's great to be a member of this faculty.' "

Since the Berryhills' time, the university and School of Medicine have both grown and grown more complicated. But Fordham believes the essential triad — excellence, character, beauty — has persisted.

"The magic and mystique are still here," he says. "It's still a high privilege to be a member of the medical school faculty. That has not changed." □

—*N.L.K.*

Class Notes

40s

G. Walker Blair Jr., MD '45, is a retired internist in Burlington. He and his wife have traveled extensively, including trips to China, Russia and Yugoslavia.

Alfred "Robert" Cordell, MD '45, is in cardiothoracic surgery at Bowman Gray School of Medicine. His current interests deal largely with myocardial preservation and aortic root replacement with allografts and/or unstented porcine biografts.

James Hicks Corey Jr., MD '45, practiced general pediatrics in Chattanooga, TN, from 1957-1995.

Grafton C. "Bob" Fanney, MD '45, of Euclid, OH, has four sons — Dale, Dave, Doug and Daryl — three MDs and one PhD in medical engineering.

Kirby T. Hart Jr., MD '45, practices pediatrics full time in Petersburg, VA.

50s

James Eugene Glenn, MD '55, is an OB/GYN in Jacksonville, FL. He and his wife, Ruth, have three children and two grandchildren.

Charles L. Herring, MD '55, practices internal medicine in Kinston. He is the proud grandfather of twins C.L. and Lauren.

Will London, MD '55, practices pediatrics in Durham, and is on the Board of Directors of the American Board of Pediatrics.

Clarence R. McLain Jr., MD '55, is professor of obstetrics and gynecology at the University of Cincinnati College of Medicine and director of the General Division and Medical Student Education.

60s

Charles A. Wilkinson, MD, Housestaff '60-'64, retired from surgical practice in June. He lives in Wilmington.

70s

Tommy Pope, MD '78, professor of radiology and orthopaedics at Bowman Gray School of Medicine, was awarded Boerhaave Professor at the University of Leiden, the Netherlands, in 1994. He was recently appointed assistant dean of Continuing Medical Education at Bowman Gray.

80s

Elizabeth Cobey Allen, MD '85, is in behavioral and developmental pediatrics at Bowman Gray School of Medicine. She and her husband, Warren, have two sons, John, 6, and David, 4.

William Billica, MD '85, is with the Family Practice Center in Phoenix, where he is assistant director of the family practice residency program. He and his wife, Karen, have two children, Brad, 3, and Jenna, 1.

Gray Bullard, MD '85, practices pulmonary medicine in Sanford, and is chair of the Young Physicians Section of the North Carolina Medical Society. He has three children.

Leslie A. Bunce, MD '85, is an assistant professor in the Department of Medicine at the University of Rochester (NY). She has received a five-year grant from the NIH.

Doug Diekema, MD '85, assistant professor of pediatrics and adjunct assistant professor of medical history and ethics, University of Washington, received the Outstanding Teacher of the Year Award from the pediatric housestaff at Children's Hospital in Seattle.

Thomas Vassilides, MD '85, is a cardiothoracic surgeon in Pensacola, FL. He and his wife, Venetia, have two daughters, Lauren, 5, and Carolina, 3.

Stuart Levin, MD '88, is practicing internal and pulmonary medicine with Wake Internal Medicine Consultants in Raleigh.

90s

Stan G. Alexander, MD '90, is an assistant professor of radiology at Indiana University School of Medicine. He joined the faculty in July 1994 and was recently honored with the Golden Apple Award, which is bestowed by the graduating class on the most outstanding professor that they encountered during their four years of medical school. He can be reached at salexand@xray.indyrad.iupui.edu.

Richard P. Shea, MD '91, completed his OB/GYN residency at Brooke Army Medical Center in June, and is now a staff OB/GYN at Fort Hood, TX.

Bruce T. Granger, MD, Housestaff '89-'92, is practicing internal medicine with Chatham Medical Specialists in Siler City.

J. Everett, MD '93, was elected Resident of the Year by GAFP. He placed first in both the GAFP Resident Research Forum and the NMA Resident Research Forum.

Samuel W. Jones, MD '95, is a resident is general surgery at the Naval Medical Center in Portsmouth, VA.

Deaths

F. Lee Fussell Jr., MD '60

A New Approach to Thoracic Oncology

Efficient, comprehensive care and treatment for people with lung cancer and other thoracic malignancies. That's the goal of the new multidisciplinary Thoracic Oncology Clinic, a joint effort of the School of Medicine, Hospitals and Lineberger Comprehensive Cancer Center.

Lung cancer is still the leading cause of cancer deaths for both men and women, but some progress is being made in treating the disease. The clinic reflects the newest approaches to treatment.

"In the past, lung cancer patients were treated with only one modality. They had surgery or chemotherapy or radiation therapy," says Frank Detterbeck, MD, the thoracic surgeon who serves as clinic director. "Studies now show that combining therapies can benefit many lung cancer patients, especially those who have not had good treatment options in the past. Combining treatment modalities for patients with advanced lung cancer involving the lymph nodes can double or triple survival rates."

The clinic's goal is to coordinate care among physicians from different specialties. The staff includes physicians from pulmonary medicine, thoracic surgery, medical oncology, surgical pathology, radiation oncology and diagnostic radiology. A nurse coordinator guides patients through the multidisciplinary treatment.

How do people get access to the clinic? Referring physicians may send patients with suspected chest tumors to the clinic. After reviewing the person's medical history, a physician and nurse coordinator schedule a clinic visit as well as the appropriate tests (CT scan, pulmonary function test, etc.), all for the same day. Following the evaluation, the team of specialists discusses the case and presents its recommended treatment plan to the patient that same afternoon.

"Lung cancer patients are a complicated patient population," says Patricia Rivera, MD, the clinic's pulmonary specialist. "Most are smokers and that means they're likely to have some underlying lung problems. It's important if we're considering aggressive chemotherapy combined with surgery and radiation therapy, for example, that the patient with compromised lung function be able to tolerate all of that."

With the streamlined evaluation process, patients no longer have to make appointments to see different doctors on different days.

"Lots of people travel long distances to get here," says Jan Halle, MD, a clinic radiation oncology specialist. "It's very difficult for them to be told to come back again in 10 days for another consultation or test. With this new approach, we are eliminating a lot of that unnecessary waiting time."

The specialists associated with the Thoracic Oncology Clinic say the setup simplifies the consultation process and ultimately benefits the patient.

"For some cancers, therapy is well established for the majority of patients. With lung cancer, treatment is still evolving," says Rivera. "We don't have all the answers, but here we are pooling our expertise and knowledge, and that's good for patients."

The establishment of this new clinic should also be reassuring to referring physicians who want to know their patients are being cared for properly, says Mark Socinski, MD, a medical oncologist. "The more steps there are in any process, the greater the chance people can fall through the cracks. This 'one-stop shopping' approach to diagnosis, treatment and follow-up ensures that patients won't get lost in the system."

The clinic is part of a new thoracic oncology program that includes both clinical and laboratory research. □

—N.L.K.

Thoracic Oncology Clinic team members consult on a case. From left, Jan Halle, MD, Radiation Oncology; Frank Detterbeck, MD, Cardiothoracic Surgery; Julian Rosenman, MD, Radiation Oncology; Patricia Rivera, MD, Pulmonary; and Mark Socinski, MD, Oncology.

Lab Provides Key Diagnostic Tools for Urinary Incontinence

Channing Alford, 6, of Wilmington, elicits a laugh from Marion Harris, RN, and Joseph Khoury, MD, during a recent check-up in the Urophysiology Lab.

by Mary Golden-Hughes and Katharine C. Neal

Urinary incontinence affects 10 million people in the United States. It may be a manifestation of a urinary infection or of an underlying neurologic disorder or malignancy.

Contrary to popular belief, incontinence does not affect only older people. For example, it may affect women who have recently had babies, or children with spina bifida, such as 6-year-old Channing Alford of Wilmington.

Spina bifida is an abnormality involving the spinal cord that occurs during the development of the fetus. It results in paralysis and, in many children with the defect, incontinence caused by damage to nerves that serve the bladder.

In Channing's case, the initial treatment for her incontinence was not working. She was referred to Joseph M. Khoury, MD, associate professor of surgery and director of the UNC Hospitals Urophysiology Lab. Khoury scheduled Channing for a special kind of evaluation in the lab to identify the underlying problems causing her incontinence.

"A videourodynamic evaluation allows us to look at the bladder and sphincter and to measure how well they are working," says Khoury. "We learned from the evaluation that Channing has a 'hostile' bladder, which means it stores small amounts of urine at high pressures." The condition occurs in 70 percent of children with spina bifida.

"With this information, we were able to prescribe medicine to relax the bladder, reducing not only her urinary incontinence, but protecting the kidneys from infection," Khoury adds. "Channing is doing much better now."

The Urophysiology Lab offers urodynamic testing as a service to referring physicians and their patients. "We provide a comprehensive center for urinary and voiding problems," says Khoury. "From simple urinary incontinence to more complex situations, such as patients with incontinence due to spina bifida, stroke or multiple sclerosis, we offer a range of diagnostic and treatment options to help many patients begin leading normal lives."

In addition to urodynamic testing for incontinence, the lab provides biofeedback and electrical stimulation for mild to moderate types of stress and urge incontinence. "We are one of only a few medical centers that provide this kind of testing," Khoury says. Khoury and other UNC physicians also consult with referring physicians on severe types of voiding dysfunction. Treatment options for these include a variety of surgical reconstructive procedures.

Physicians interested in scheduling a videourodynamic evaluation at UNC or seeking a urologic consultation may call the Carolina Consultation Center at 1-800-862-6264. □

News Briefs

Researchers Complete Cystic Fibrosis Gene Therapy Study

The largest, most carefully controlled study ever done of gene therapy for cystic fibrosis in humans shows that the current strategy of transferring genes with adenoviruses must be altered or better carriers identified before the therapy will be effective.

Scientists at the medical school tested the therapy on 12 young adult volunteers with mild to moderate cystic fibrosis. They found the adenovirus vector, or "shuttle," for healthy CF genes did not allow correction of functional defects to the extent required.

Investigators could not increase the dose further because the highest doses given created irritation and inflammation in patients' noses.

A report on the findings appeared in the Sept. 28 issue of the *New England Journal of Medicine*. Lead authors are Michael R. Knowles, MD, and Richard C. Boucher Jr., MD, both professors of medicine. Boucher heads UNC-CH's Cystic Fibrosis Research Center.

"You usually don't hit a home run the first time you come up to bat," Knowles said. "We achieved gene transfer, but it wasn't enough to correct the genetic problem.

"We gained a lot of valuable information from this work that will contribute to success in the future," he said. "It is important to remember that we're just at the very beginning of gene therapy, not at the end."

Cystic fibrosis is the most common fatal genetic illness among white people, Knowles said. About one in every 25 whites carries a defective copy of the gene, and when two carriers have children, each child bears a 25 percent risk of being born with the illness.

Wound Care Center Meets Special Needs

A new program at the Ambulatory Care Center provides multidisciplinary care for patients with chronic foot and leg infections, which affect 50,000 to 100,000 people each year, mostly diabetics.

William Marston, MD, examines a patient in the Carolina Comprehensive Wound Care Center.

"Patients with diabetes often don't fight infections well," said William Marston, MD, a surgeon and medical director for the Carolina Comprehensive Wound Care Center. "They also may experience reduced nerve sensation in their feet and legs. They may not be able to feel when they've picked up a splinter or otherwise injured a foot. Before they know it, there's a serious infection that requires extensive treatment."

Patients with these kinds of problems were turning up in many different clinics at UNC, said Marston. They require not just treatment, but a whole range of services, from education about the cause of the problem to physical therapy, rehabilitation and special shoes. The creation of the center fills a need that was not being met elsewhere.

"Our goals are to maximize wound healing and preserve limbs," Marston adds. "It really takes a coordinated health-care effort to get these patients on the road to recovery, and that is what we have put together in our center."

Home health nurses play a key role in caring for the center's patients. "Our staff work closely with home health nurses to provide appropriate extended care to patients to maximize the effect of outpatient therapy," Marston said.

The center accepts physician and self-referrals. For appointments, referring physicians may call the Carolina Consultation Center at 800-862-6264. Patients who wish to make an appointment should call UNC HealthLink at 919-966-7890.

UNC-CH Study Seeks Women with PMS

Susan S. Girdler, PhD, research assistant professor of psychiatry, is looking for 30 women with severe premenstrual syndrome to participate in a study that will examine the role of stress-related hormones in PMS. Results of the study may have long-term implications for treatment of PMS and, ultimately, heart disease in women.

Girdler emphasizes that a true diagnosis of PMS in women is unusual. "Most women experience premenstrual symptoms such as irritability, bloating and cramps," she said. "But only 5 to 10 percent of women in their child-bearing years actually have the full-blown syndrome, where severe premenstrual emotional symptoms, including depression and anxiety, disrupt normal function and relationships."

The first phase of the four-year, $800,000 grant from the National Institute of Mental

Health seeks to confirm data indicating that stress hormones are regulated differently in women with PMS. Results of Phase I also may provide important clues to women and cardiovascular disease. Phase II will be an intervention study that looks at potential treatments that will re-regulate the stress-hormone system.

Potential study participants will undergo an extensive screening process, including a two-month diary of daily symptom monitoring. The study itself will involve a telephone interview and three visits, as well as a psychological interview designed to help rule out other psychiatric conditions. A small stipend will be offered. Healthy women between the ages of 20 and 40 with severe PMS who are taking no medications, including birth control pills, may call Heather Brown, project manager, at 919-966-2546.

Researchers to Explore Ethics of Gene Therapy

The advent of gene therapies for a variety of diseases creates many new challenges for medical decision-making and informed consent, say researchers at the School of Medicine. They will examine these issues through a $100,000 Shannon Award from the National Center for Human Genome Research.

"Research, Treatment and Informed Consent in Gene Therapy: An Historical, Ethical and Legal Analysis and Reevaluation of Policy," will be a two-year project. Co-principal investigators are Social Medicine faculty members Larry Churchill, PhD, professor and chair, Nancy M.P. King, JD, associate professor, and Keith A. Wailoo, MA, assistant professor; as well as Myra L. Collins, MD, associate professor in Pathology.

"Experimental therapies for a variety of conditions are currently being developed," said King. "For physicians and researchers, getting the informed consent of their patients or research subjects can be a complicated process when such new technologies are involved."

Little is known about the risks of gene therapies, King added. "At the same time, few effective treatments exist for genetic diseases such as cystic fibrosis and sickle cell."

The researchers will focus on these two diseases, examining the history of medical and research decision-making about the diseases, similarities and differences between the conditions and their treatments, and the issues raised by gene therapy for each.

"We hope to advance public and scholarly understanding of informed decision-making about gene therapies, and to guide future policy-making about informed consent," King added.

A distinguished group of consultants will work with the researchers, including Dr. Michael Knowles of the UNC-CH Cystic Fibrosis Center; Alexander Capron, Henry Bruce professor of law and medicine at the University of Southern California; Dr. Ruth Faden, chair of the President's Advisory Committee on Human Radiation Experiments; Dr. Tom Murray, director of the Center for Biomedical Ethics at Case Western Reserve University; Dr. Allan Brandt, Kass professor of the history of medicine at Harvard University; Wendy Mariner of Boston University schools of medicine and public health; Dr. Robert Murray of the Program in Genetics & Human Genetics at Howard University; Dr. Charles Rosenberg, chair of the department of history and sociology of science at the University of Pennsylvania; and Dr. Jessica Davis of the Division of Human Genetics at the New York Hospital-Cornell Medical Center.

UNC Student Receives SMA Grant

The Southern Medical Association has provided a research grant to Michael Gill, a third-year School of Medicine student concentrating in the area of radiation oncology. Gill was awarded $2,500 to support his work on the research project entitled "Interactions of 5-Fluorouracil & Radiation on the Apoptotic Cell Process in Mutant p53 Colorectal Cell Lines."

New Neurosciences Hospital Looks To Spring Opening
The new North Carolina Neurosciences Hospital, which broke ground in August 1992, is nearing completion and should be ready to house patients and staff early next spring. The nine-story facility will house psychiatry inpatient and outpatient services, outpatient services for neurology, otolaryngology, and neurosurgery, and emergency services.

Printed with permission from the Crystal Companies, Richmond, VA

The Wahoo-1, captained by Stan Mandel, MD, led the UNC Hospitals fishing fleet in the Hardee's Atlantic Beach King Mackeral Tournament.

Fishing Fleet Boosts Peds Programs

On Sept. 8, the first-ever UNC Hospitals fishing fleet participated in the 17th Annual Hardee's Atlantic Beach King Mackerel Tournament.

"The purpose of the fleet was to raise awareness of North Carolina Children's Hospital, which serves children from all 100 counties in the state," said Stanley R. Mandel, MD, Hospitals chief of staff and associate dean for clinical affairs at the School of Medicine. "We believe this is the first charity-only fleet ever to participate in this national tournament."

The boats sported large Carolina blue-and-white banners to identify them as members of the North Carolina Children's Hospital Fishing Fleet. "We wanted to increase the visibility of the Children's Hospital," Mandel noted. "No one was able to miss those banners."

The tournament drew more than 500 boats, Mandel said. Both amateurs and professionals competed for more than $300,000 in cash prizes.

In addition to Mandel, participants included medical school alumni and other friends of North Carolina Children's Hospital from Chapel Hill, Hillsborough, Morehead City, Plymouth, Raleigh and Rocky Mount.

"We look forward to this becoming an annual awareness and, we hope, fund-raising event for North Carolina Children's Hospital," Mandel said.

Personality Test Could Lead to Better Psychiatric Care

A popular personality test could lead to better treatment for psychiatric patients, according to David Janowsky, MD, professor of psychiatry.

Janowsky believes the Myers-Briggs Personality Inventory, used widely in business and education, will boost success for psychotherapy and drug therapy when combined with other personality tests. He reached that conclusion after studying 140 patients admitted to psychiatric wards at UNC Hospitals over a year.

Preliminary findings from his research indicate a relationship between certain personality types and specific psychiatric disorders.

"The Myers-Briggs is a good instrument because it's widely known, and it's simple," Janowsky said. "It's not esoteric, people can relate to it, and it gives a profile that tells you how people might do with a specific psychotherapy."

The value of identifying personality types that frequently accompany a given disorder is that classification should make it easier to customize treatment, he said. For example, pure depressives theoretically may respond better to therapy based more on thinking that emotions, such as cognitive therapy, while bipolar patients who also have mania may respond better to more emotive therapies.

Consultation Center Marks 10th Year

Established in 1985 in response to a survey of medical alumni, the Carolina Consultation Center has grown to serve primary care physicians throughout the southeast by providing consultations, arranging emergency transport, and facilitating the transfer of medical records and other patient information.

In its first year of operation, the Consultation Center handled 29,000 calls from referring physicians. Over the next few years, the volume of calls grew as services were added and more physicians learned of the center, until during the 1994-95 academic year, a record-setting 50,000 calls were received.

A special logo, pictured below, was designed as part of the year-long 10th anniversary celebration.

Report to Donors

Each year in this issue of the *Bulletin*, we acknowledge alumni giving to the School of Medicine. This was another banner year for alumni unrestricted giving; the individuals listed in this report provided gifts totaling more than $516,000 for the Loyalty Fund.

Donor gifts went to benefit medical students, housestaff and faculty throughout the School of Medicine. All contributions are important to the excellence of our teaching, research and clinical programs.

During this past year, we completed the University-wide Bicentennial Campaign for Carolina. This successful effort recorded more than $440 million in gifts and pledges received. Of special note is that $117 million was designated to support programs within the School of Medicine. The Medical Foundation exceeded its goal of $47 million and reported more than $54 million, while another $63 million was processed through other offices of the University.

Every gift made to the Loyalty Fund over the past six years was credited to the Bicentennial Campaign for Carolina, which ran from 1989-1995. During the term of the campaign, 56 percent of medical school alumni made one or more unrestricted gifts to the Loyalty Fund. We thank you for your participation. Your support encourages the giving of others.

We continue to emphasize the importance of annual gifts from each alumnus. It is exciting to think about what could be accomplished if, each year, 56 percent of our alumni made an unrestricted gift. That would place the UNC medical alumni among the national leaders in giving.

We are proud of the alumni support for all purposes at the School of Medicine. To each individual named in the following list, we send our genuine thanks and appreciation. If you overlooked a contribution this year, please send your 1995-96 gift today. Your participation does make a difference.

James L. Copeland
President
The Medical Foundation of
North Carolina, Inc.

Honor Roll of Donors

$1,000 - $9,999 donors are printed in bold.
$10,000 or more are printed in bold italics.

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Percent donors: 31%
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H. Durwood Tyndall, M.D., Goldsboro, NC
William H. Weinel, Jr., M.D., Wilmington, NC
Edward S. Williams, Jr., M.D., Durham, NC
Virgil A. Wilson, M.D., Winston-Salem, NC

CLASS OF 1955
Number in class: 54
Percent donors: 76%
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Ralph E. Brooks, Jr., M.D., High Point, NC
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Griggs C. Dickson, M.D., Charlotte, NC
Presley Z. Dunn, Jr., M.D., Greensboro, NC
Charles F. Eddinger, M.D., Spencer, NC
John W. Foust, M.D., Charlotte, NC
J. Eugene Glenn, M.D., Jacksonville, FL
Ira D. Godwin, M.D., Fairfax, VA
James W. Hayes, III, M.D., Burlington, NC
Charles L. Herring, M.D., Kinston, NC
William D. Huffines, M.D., Chapel Hill, NC
Vernon L. James, Jr., M.D., San Antonio, TX
Samuel G. Jenkins, Jr., M.D., Elizabeth City, NC
Robert C. Jordan, Jr., M.D., Sanford, NC
Samuel B. Joyner, M.D., Greensboro, NC
A. Smith Lineberger, Jr., M.D., Fairfax, VA
William L. London, IV, M.D., Durham, NC

Medical Alumni Loyalty Fund Scholars and Merit Award winners attending the fall banquet included, front row from left, Anne Boat Waters, Stacie Zelman, Cathy Callahan, Shaida K. Ryan, Peggy Becker, Latonya Brown, Tracey O'Connell, Jayashri Ghate, Lisa Roberts, Karen Grogg and Kristina Simeonsson. Second row, from left, Jennifer Klenzak, Nancy Knight, Julia Nelson, Shannon Hunter, Deepak Vivekananthan, Chris Williams, Christine Ryan, Kimberly Singletary, Katie Stevison, Meica Efrid and Brian Grogg. Third row, from left, Tres Pittman, Mike Armstrong, Mike Batten, Daniel Maher, Mark Wood, Brian Shelley, John Petty, David Miller and J. Warren Holshouser.

Lloyd C. McCaskill, M.D., Maxton, NC
Clarence R. McLain, Jr., M.D., Cincinnati, OH
Andrew C. Miller, III, M.D., Gastonia, NC
J. Thaddeus Monroe, Jr., M.D., Chapel Hill, NC
Thomas P. Moore, M.D., Jacksonville, NC
G. Irvin Richardson, M.D., Reidsville, NC
Oliver F. Roddey, Jr., M.D., Charlotte, NC
C. William Rogers, M.D., Lebanon, TN
Mary F. Munch Rood, M.D., Raleigh, NC
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William H. White, Jr., M.D., Gainesville, GA
W. Wallace White, M.D., Cincinnati, OH

CLASS OF 1956
Number in class: 53
Percent donors: 42%
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William E. Easterling, Jr., M.D., Chapel Hill, NC
John T. Evans, M.D., Chattanooga, TN
Charles W. Fowler, III, M.D., Orlando, FL
Alexander F. Goley, M.D., Burlington, NC
William R. Harris, M.D., Hickory, NC
John L. Hazlehurst, III, M.D., Asheville, NC
Marvin M. McCall, III, M.D., Charlotte, NC
Malcolm McLean, M.D., Charlotte, NC
William W. McLendon, M.D., Chapel Hill, NC
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John W. Ormand, Jr., M.D., Wilmington, NC
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John W. Vassey, M.D., Raleigh, NC
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CLASS OF 1957
Number in class: 51
Percent donors: 37%
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John K. Farrington, M.D., High Point, NC
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Lois T. Harris, M.D., Chapel Hill, NC
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J. Paul Hurst, Jr., M.D., Rydal, PA
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H. Maxwell Morrison, Jr., M.D., Southern Pines, NC
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CLASS OF 1958
Number in class: 50
Percent donors: 28%
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B. Everette Thompson, Jr., M.D., Cary, NC

CLASS OF 1959
Number in class: 53
Percent donors: 45%
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Glenn E. Hair, M.D., Fayetteville, NC
O. James Hart, Jr., M.D., Mocksville, NC
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A. Sherman Morris, Jr., M.D., Asheville, NC
Julian W. Selig, Jr., M.D., Elizabeth City, NC
Martha K. Sharpless, M.D., Greensboro, NC
Shahane R. Taylor, Jr., M.D., Greensboro, NC
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T. Robert Wynne, M.D., Greenville, SC

CLASS OF 1960
Number in class: 53
Percent donors: 42%
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CLASS OF 1961
Number in class: 53
Percent donors: 42%
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Benjamin W. Garrou, Sr., M.D., Valdese, NC
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Richard D. Jordan, M.D., Salisbury, NC
W. Stacy Miller, M.D., Raleigh, NC
William W. Morgan, Jr., M.D., Reno, NE
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CLASS OF 1962
Number in class: 54
Percent donors: 43%
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John L. Monroe, M.D., Pinehurst, NC
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CLASS OF 1963
Number in class: 53
Percent donors: 53%
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CLASS OF 1964
Number in class: 56
Percent donors: 32%
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CLASS OF 1965
Number in class: 56
Percent donors: 41%
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CLASS OF 1966
Number in class: 64
Percent donors: 50%
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William C. Hubbard, M.D., Raleigh, NC
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James A. Yount, M.D., Charlotte, NC

CLASS OF 1967
Number in class: 66
Percent donors: 53%
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CLASS OF 1968
Number in class: 59
Percent donors: 41%
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Roberta G. Williams, M.D., Chapel Hill, NC
Jerry C. Woodard, M.D., Wilson, NC

CLASS OF 1969
Number in class: 64
Percent donors: 41%
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John G. Johnston, M.D., Charlotte, NC
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Henry J. MacDonald, Jr., M.D., New Bern, NC
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James W. Snyder, M.D., Wilmington, NC
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John C. Triplett, M.D., APO, AE
Nelson B. Watts, M.D., Atlanta, GA

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Number in class: 70
Percent donors: 61%
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William E. Byrd, M.D., Roanoke Rapids, NC
Harold H. Cameron, M.D., New Bern, NC
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James O. Goodwin, M.D., Henderson, NC
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Alexander R. Kehayes, M.D., Missoula, MT
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Frederick G. Kroncke, Jr., M.D., Rocky Mount, NC
James A. McQueen, M.D., Laurinburg, NC
James D. Melton, M.D., Morganton, NC
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Thomas W. Nicholson, M.D., Washington, NC
Edward A. Norfleet, M.D., Chapel Hill, NC
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T. Reed Underhill, M.D., New Bern, NC
Ross L. Vaughan, M.D., Raleigh, NC
E. Joseph Walton, Jr., M.D., Spartanburg, SC
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John W. Zirkle, M.D., Jefferson City, TN

CLASS OF 1971
Number in class: 72
Percent donors: 46%
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Bertram C. Finch, III, M.D., Charleston, SC
Jane M. Foy, M.D., Oak Ridge, NC
James S. Fulghum, III, M.D., Raleigh, NC
Mary Susan Fulghum, M.D., Raleigh, NC
Joe E. Gaddy, Jr., M.D., Winston-Salem, NC
Clarence A. Griffin, III, M.D., Boca Grande, FL
W. Randolph Grigg, M.D., Chapel Hill, NC
James S. Henning, M.D., Los Altos, CA
Michael B. King, M.D., Kinston, NC
Michael R. Knowles, M.D., Chapel Hill, NC
Robert L. Kuykendal, M.D., Cincinnati, OH
William A. Lambeth, III, M.D., Raleigh, NC
Donald V. Lewis, M.D., Cooperstown, NY
James S. McFadden, M.D., Pinehurst, NC
Jonathan O. McLean, M.D., Charlotte, NC
Frederick S. Neuer, M.D., Emporia, KS
William B. Pittman, M.D., Rocky Mount, NC
R. Randolph Powell, M.D., Fox Point, WI
Charles H. Richman, M.D., Saratoga Springs, NY
V. O. Roberson, III, M.D., High Point, NC
William D. Sasser, M.D., Fredericksburg, VA
Roy H. Schindelheim, M.D., King City, CA
J. Allison Shivers, M.D., Asheville, NC
Sara H. Sinal, M.D., Winston-Salem, NC
G. Terry Stewart, M.D., Wilmington, NC
John P. Surratt, M.D., Clinton, NC
George C. Venters, M.D., Raleigh, NC
Dwight W. Wait, III, M.D., Charlotte, NC
William W. Webb, Jr., M.D., Salisbury, NC

CLASS OF 1972
Number in class: 68
Percent donors: 43%
Robert L. Barnes, III, M.D., Knoxville, TN
Peter R. Bream, M.D., Jacksonville, FL
L. Franklin Cashwell, Jr., M.D., Greensboro, NC
Peter G. Chikes, M.D., Concord, NC
Charles Davant, III, M.D., Blowing Rock, NC
Walter B. Greene, M.D., Chapel Hill, NC
Alger V. Hamrick, III, M.D., Raleigh, NC
L. Clayton Harrell, III, M.D., Charlotte, NC
Gregory F. Hayden, M.D., Charlottesville, VA
Hubert B. Haywood, III, M.D., Raleigh, NC
F. Christian Heaton, M.D., Raleigh, NC
John T. Henley, Jr., M.D., Fayetteville, NC
Larry A. High, Jr., M.D., Rocky Mount, NC
William B. Horn, M.D., Boone, NC
John S. Hughes, M.D., New Haven, CT
J. Ronald Hunt, M.D., Columbus, GA
Thomas G. Irons, M.D., Greenville, NC
Joseph A. Jackson, M.D., Pilot Mountain, NC
Bruce L. Kihlstrom, M.D., Durham, NC
Howard S. Kroop, M.D., Woodbury, NJ
Robert W. Little, Sr., M.D., Burlington, NC
William E. Long, M.D., Newton, NC
John R. Lurain, III, M.D., Oak Park, IL
John T. Manning, Jr., M.D., Houston, TX
Ronald A. Moore, M.D., New Bern, NC

Members of the Class of '71 meet during Fall Medical Alumni Weekend to begin organizing for their 25th reunion. Pictured, from left, are Will and Celeste Pittman, John and Amelia Surratt, and Jon and Pam McLean.

Scott Y. Pharr, III, M.D., Williamsburg, VA
James S. Reed, M.D., Gig Harbor, WA
William J. Simons, M.D., Cockeysville Hunt, MD
G. Dean Wilson, Jr., M.D., Johnson City, TN

CLASS OF 1973
Number in class: 79
Percent donors: 29%
Joseph E. Agsten, M.D., Kinston, NC
Frederic F. Bahnson, III, M.D., Bozeman, MT
Stephen A. Bernard, M.D., Chapel Hill, NC
Jesse A. Blackman, M.D., Fremont, NC
Melvin L. Clayton, M.D., Ahoskie, NC
Frank E. Davis, III, M.D., Roanoke Rapids, NC
Charles H. Edwards, II, M.D., Charlotte, NC
J. Robert Forstner, M.D., Southport, NC
E. Ruffin Franklin, Jr., M.D., Raleigh, NC
Terry L. Fry, M.D., Georgetown, SC
J. Blake Goslen, III, M.D., Charlotte, NC
E. Daniel Griffin, Jr., M.D., Charlotte, NC
David A. Grimes, M.D., San Francisco, CA
E. Earl Jenkins, Jr., M.D., Rock Hill, SC
J. Charles Jennette, M.D., Chapel Hill, NC
Dennis R. Johnson, M.D., York, PA
Colin D. Jones, M.D., Winton, NC
James N. Martin, Jr., M.D., Jackson, MS
Dale A. Newton, M.D., Greenville, NC
David R. Patterson, M.D., Greensboro, NC
W. McLean Reavis, Jr., M.D., Lakeland, FL
C. Stewart Rogers, M.D., Greensboro, NC
Robert R. Walther, M.D., New York, NY

CLASS OF 1974
Number in class: 96
Percent donors: 39%
Robert M. Alsup, M.D., Winston-Salem, NC
Charles B. Beasley, M.D., Kinston, NC
Thomas W. Bouldin, M.D., Chapel Hill, NC
W. Griffith Bowen, M.D., St. Louis, MO
Donald C. Brown, M.D., Cary, NC
Paul S. Camnitz, M.D., Greenville, NC
David L. Coppedge, M.D., Braintree, MA
Marshall M. Feaster, III, M.D., Wyomissing, PA
Martha F. Goetsch, M.D., Portland, OR
Margaret A. Harper, M.D., Winston-Salem, NC
Stephen S. Hawkins, M.D., Hixson, TN
C. Norman Hurwitz, M.D., Hamilton, OH
Lynn D. Ikenberry, M.D., Chapel Hill, NC
Joseph M. Jenkins, M.D., Fayetteville, NC
William H. Katz, M.D., Auburn, ME
John A. Lang, III, M.D., Raleigh, NC
William D. Lee, Jr., M.D., Raleigh, NC
Clarence E. Lloyd, Jr., M.D., Greensboro, NC
Joseph Majstoravich, Jr., M.D., Morehead City, NC
Sheppard A. McKenzie, III, M.D., Raleigh, NC
William H. Moretz, Jr., M.D., Augusta, GA
McArthur Newell, M.D., Greensboro, NC
Clyde Nolan, Jr., M.D., Greensboro, NC
H. Clifton Patterson, III, M.D., Raleigh, NC
Harold C. Pollard, III, M.D., Winston-Salem, NC
Jan H. Postma, Jr., M.D., Spartanburg, SC
Thomas W. Powell, M.D., Concord, NC
C. Fredric Reid, M.D., Winston-Salem, NC
David A. Rockwell, M.D., Goldsboro, NC
Suzanne V. Sauter, M.D., Chapel Hill, NC
Charles W. Smith, Jr., M.D., Little Rock, AR
Roger L. Snow, M.D., Boston, MA
David E. Tart, M.D., Hickory, NC
David T. Tayloe, Jr., M.D., Goldsboro, NC
John W. Thornton, III, M.D., North Augusta, SC
William G. Wilson, M.D., Charlottesville, VA
D. Bryan Young, M.D., Florence, AL

CLASS OF 1975
Number in class: 99
Percent donors: 56%
E. Jackson Allison, Jr., M.D., Greenville, NC
Sherif B. Botros, M.D., Wilmington, NC
Julian C. Brantley, III, M.D., Rocky Mount, NC
Julian T. Brantley, Jr., M.D., Vienna, VA
Patrick G. Bray, M.D., Cleveland, OH
Samuel L. Bridgers, II, M.D., Woodbridge, CT
E. Drew Bridges, M.D., Wake Forest, NC
David G. Bunn, Jr., M.D., Wilmington, NC
Dallas C. Craven, Jr., M.D., Charlotte, NC
Cyril S. Dodge, M.D., Vancouver, WA
Benjamin Douglas, M.D., Webster, NC
William H. Edwards, M.D., Norwich, VT
Frank B. Fondren, III, M.D., Mobile, AL
Richard F. Fox, M.D., Greensboro, NC
Donald G. Gregg, M.D., Greenville, SC
Perry M. Harmon, M.D., Fayetteville, NC
Eric H. Helsabeck, M.D., Asheboro, NC
Thomas Higgins, M.D., Boulder, CO
Ernest F. Krug, III, M.D., Rochester, MI
Charles P. Langley, III, M.D., Shelby, NC
David S. Lennon, M.D., Charlotte, NC
Robert H. Lester, M.D., Gastonia, NC
Michael J. Maness, M.D., Southern Pines, NC
Howard A. McMahan, M.D., Marietta, GA
Michael W. Meriwether, M.D., Sarasota, FL
Frank J. Miller, M.D., Chattanooga, TN
Stephen M. Miller, M.D., Greensboro, NC
S. Gill Minor, M.D., Wilmington, NC
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Wade H. Moser, Jr., M.D., Raleigh, NC
Dan A. Myers, M.D., Kinston, NC
Henry N. Nelson, III, M.D., Indialantic, FL
Lanning R. Newell, M.D., Raleigh, NC
M. Harrell Odom, M.D., Summerland Key, FL
Stephen L. E. Okiye, M.D., Saint Thomas, VI
Henry E. Parfitt, Jr., M.D., Fayetteville, NC
Charles J. Parker, M.D., Salt Lake City, UT
James E. Peacock, Jr., M.D., Winston-Salem, NC
Claudia A. Peters, M.D., Kingston, ON
Charles G. Pierce, M.D., Ahoskie, NC
Hoke D. Pollock, M.D., Wilmington, NC
Joseph R. Pringle, Jr., M.D., Burlington, NC
Wanda L. Radford, M.D., Raleigh, NC
David M. Reid, M.D., Raleigh, NC
W. Paul Sawyer, M.D., Tallahassee, FL
Van J. Stitt, Jr., M.D., Durham, NC
Robert D. Stratton, M.D., Erie, PA
Carol R. Teutsch, M.D., Atlanta, GA
F. Alan Thompson, M.D., Asheville, NC
Hendricks H. Whitman, III, M.D., New Vernon, NJ
E. Brooks Wilkins, M.D., Raleigh, NC
James W. Winslow, M.D., Tarboro, NC
Kenneth H. Winter, M.D., Greensboro, NC
Lawrence I. Young, M.D., Hixson, TN

CLASS OF 1976
Number in class: 123
Percent donors: 35%
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Warwick Aiken, III, M.D., Gastonia, NC
Janet C. Aiken, M.D., Gastonia, NC
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Robyn W. Barst, M.D., Scarsdale, NY
W. Bryson Bateman, Jr., M.D., Goldsboro, NC
Martin F. Beals, Jr., M.D., Boone, NC
Jean C. Bolan, M.D., Washington, DC
Alexis C. Bouteneff, M.D., Litchfield, CT
Richard A. Bowerman, M.D., Ann Arbor, MI
Jack P. Byrd, M.D., Cleveland, TN
Barbara J. Campbell, M.D., Somerset, PA
Marjorie B. Carr, M.D., Raleigh, NC
Edward L. Cattau, Jr., M.D., Germantown, TN
Richard N. Duffy, III, M.D., Hedgesville, WV
Susan T. Edwards, M.D., Norwich, VT
William H. Gamble, M.D., Greensboro, NC
Stephen J. Hawes, Jr., M.D., Charlotte, NC
Anne C. Hawes, M.D., Charlotte, NC
Charles H. Hicks, M.D., Wrightsville Beach, NC
J. Lee Hoffer, M.D., Temple, TX
Walker A. Long, M.D., Chapel Hill, NC
Ross D. Lynch, M.D., Columbia, SC
R. Franklin Maness, M.D., Goldsboro, NC
B. Douglas Morton, III, M.D., Macon, GA
Robert S. Moskalik, M.D., Coldwater, MI
E. Paul Nance, Jr., M.D., Nashville, TN
L. Andrew Nassef, Jr., M.D., Danville, PA
David B. Neeland, M.D., Montgomery, AL
Harold A. Nichols, M.D., Greensboro, NC
V. Edgar Paul, M.D., Greensboro, NC
Douglas C. Privette, M.D., Greenville, NC
Sheldon M. Retchin, M.D., Midlothian, VA
Robert S. Shapiro, M.D., Athens, GA
David F. Silver, M.D., Charlottesville, VA
Grady M. Stone, M.D., High Point, NC
Robert J. Tallaksen, M.D., Morgantown, WV
R. Henry Temple, M.D., Wilmington, NC
F. Ray Thigpen, M.D., Whiteville, NC
Ray A. Wertheim, M.D., Fairfax, VA
Nancy E. Wight, M.D., San Diego, CA
Richard L. Wing, M.D., Charlotte, NC
Solomon G. Zerden, M.D., Savannah, GA

CLASS OF 1977
Number in class: 118
Percent donors: 30%
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Meyer E. Dworsky, M.D., Huntsville, AL
Ronald J. Falk, M.D., Chapel Hill, NC
J. Robert Goins, M.D., Hickory, NC
David C. Henke, M.D., Chapel Hill, NC
G. William Henry, M.D., Chapel Hill, NC
Marianna M. Henry, M.D., Chapel Hill, NC
Charles H. Hoover, III, M.D., Monroe, NC
William L. Isley, M.D., Overland Park, KS
L. Lyndon Key, Jr., M.D., Charleston, SC

Judith M. Kramer, M.D., Prospect Hill, NC
Ann D. Latimer, M.D., Raleigh, NC
Frederick H. Mabry, M.D., Laurinburg, NC
Thomas M. Miller, M.D., Pittsboro, NC
S. Ray Mitchell, M.D., Alexandria, VA
Warren H. Moore, M.D., Sugar Land, TX
H. Grady Morgan, Jr., M.D., Wilmington, NC
Robert L. Munt, Jr., M.D., Raleigh, NC
Pamela A. Nelson, M.D., Raleigh, NC
Melinda C. Paul, M.D., Greensboro, NC
Louis M. Perlmutt, M.D., Chapel Hill, NC
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Duncan S. Postma, M.D., Tallahassee, FL
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Samuel T. Selden, M.D., Chesapeake, VA
John H. Stanley, Jr., M.D., Wilmington, NC
Alan D. Stiles, M.D., Chapel Hill, NC
Gregory Strayhorn, M.D., Ph.D., Chapel Hill, NC
Richard H. Weisler, M.D., Raleigh, NC
Wayne G. Woods, M.D., Greensboro, NC

CLASS OF 1978
Number in class: 125
Percent donors: 22%
Michael C. Alston, M.D., Murfreesboro, NC
John D. Benson, M.D., Cary, NC
Jean W. Carter, M.D., Raleigh, NC
William G. Clark, M.D., Charlotte, NC
Paul W. F. Coughlin, M.D., High Point, NC
Martha L. Elks, M.D., Lubbock, TX
Elizabeth R. Gamble, M.D., Greenville, NC
Cynthia R. Howard, M.D., Baltimore, MD
Gwendolyn T. Jones, M.D., Charleston, SC
Thomas E. Lauer, M.D., High Point, NC
Wade L. Lowry, M.D., Bedford, TX
Jeffrey A. Margolis, M.D., Tappahannock, VA
A. Price Monds, M.D., Hertford, NC
Mark D. Monson, M.D., Spartanburg, SC
Peter J. Morris, M.D., Fuquay Varina, NC
Michael Y. Parker, M.D., Raleigh, NC
John B. Pecorak, M.D., Vermillion, OH
Donna L. Prather, M.D., Carrboro, NC
H. Craig Price, M.D., Raleigh, NC
Peter A. Schlesinger, M.D., Roseville, MN
Thomas C. Shea, M.D., Chapel Hill, NC
Susan T. Snider, M.D., Spruce Pine, NC
Robert W. Surratt, M.D., Concord, NC
Barry H. Teasley, M.D., Goldsboro, NC
Charles F. Timmons, Jr., M.D., Dallas, TX
William A. Walker, M.D., Charlotte, NC
J. Byron Walthall, Jr., M.D., Charlotte, NC

CLASS OF 1979
Number in class: 121
Percent donors: 36%
Andrew H. Balder, M.D., Longmeadow, MA
Thomas A. Barringer, III, M.D., Charlotte, NC
H. Robert Brashear, III, M.D., Crozet, VA
R. William Bynum, IV, M.D., Rocky Mount, NC
Gail M. Capel, M.D., Schenectady, NY
W. Hugh Craft, Jr., M.D., Roanoke, VA
Walter E. Daniel, Jr., M.D., Raleigh, NC
Douglas M. DeLong, M.D., Ladysmith, WI
F. Andrew Dorr, M.D., Indianapolis, IN
Elizabeth A. Eagle, M.D., Greensboro, NC
Allen R. Edwards, M.D., Statesville, NC
Robert E. Finch, Jr., M.D., Asheville, NC
Ellen B. Fitzgerald, M.D., Sugar Land, TX
Sharon M. Foster, M.D., Raleigh, NC
R. Thad Goodwin, M.D., Fort Myers, FL
Patricia K. Hill, M.D., Statesville, NC
Thomas R. Hinson, Jr., M.D., Clemmons, NC
Kent M. Kalina, M.D., Charlotte, NC
David W. Kohl, M.D., St. Petersburg, FL
Charles E. Lownes, M.D., Greensboro, NC
Julia E. McMurray, M.D., Madison, WI
Darlyne Menscer, M.D., Charlotte, NC
Christian E. Paletta, M.D., Webster Groves, MO
Susan Pate, M.D., Raleigh, NC
James G. Peden, Jr., M.D., Greenville, NC
Melissa E. Pratt, M.D., Seattle, WA
Veronica J. F. Ray, M.D., Durham, NC
James L. Sanderford, Jr., M.D., Winston-Salem, NC
Steven R. Sherwin, M.D., Old Westburg, NY
David M. Siegel, M.D., Rochester, NY

National Loyalty Fund Chair John Foust, MD '55, introduces first- and fifth-year Loyalty Fund Associates during the Fall Medical Alumni Weekend banquet while Dean Mike Simmons looks on.

Richard L. Sigmon, Jr., M.D., Charlotte, NC
Wilham L. Stewart, M.D., Southern Pines, NC
R. Mark Stiegel, M.D., Charlotte, NC
Frances R. Thomas, M.D., Chicago, IL
Paul A. Vadnais, M.D., Charlotte, NC
Lynn E. Wesson, M.D., Raleigh, NC
Anita S. Westafer, M.D., Gulf Breeze, FL
John M. Westafer, M.D., Gulf Breeze, FL
Mack W. White, III, M.D., Charlotte, NC
C. Phillip Whitworth, M.D., Forest City, NC
R. Stanford Williams, M.D., Gainesville, FL
Leonard S. Wojnowich, M.D., Savannah, GA
O. Barry Wynn, M.D., Charlotte, NC

CLASS OF 1980
Number in class: 156
Percent donors: 30%
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Patricia T. Edkins, M.D., Chapel Hill, NC
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C. O'Neil Ellis, M.D., Charlotte, NC
Leverne S. Fox, Jr., M.D., Florence, SC
Barry J. Freeman, M.D., Pacific Palisades, CA
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David D. Gutterman, M.D., Iowa City, IA
Sandra K. Haigler, M.D., Lexington, KY
M. Linda Hawes, M.D., Rocky Mount, NC
Carl L. Haynes, Jr., M.D., Kinston, NC
Mark A. Helvie, M.D., Ann Arbor, MI
J. Patrick Holland, M.D., Winston-Salem, NC
Kenneth E. Hollingsworth, M.D., Bethesda, MD
Douglas K. Holmes, M.D., Raleigh, NC
R. Bruce Jackson, II, M.D., Boone, NC
Edward C. Jones, M.D., Dobson, NC
Konrad C. Kaltenborn, M.D., Anchorage, AK
Janice D. Key, M.D., Charleston, SC
Christopher M. Lakin, M.D., Charlotte, NC
Daniel M. Lewis, M.D., Charlotte, NC
Thomas H. Lineberger, M.D., Pinehurst, NC
Christine C. Mahvi, M.D., Middleton, WI
E. John Markushewski, Jr., M.D., Decatur, AL
Steven K. McCombs, M.D., Chapel Hill, NC
J. Eugene McMurry, Jr., M.D., Wilmington, NC
W. Joseph Messick, M.D., Charlotte, NC
T. Michael D. O'Shea, Jr., M.D., Winston-Salem, NC
L. Alden Parker, Jr., M.D., Chapel Hill, NC
Dwight D. Perry, M.D., Durham, NC
Timothy A. Presnell, M.D., Richlands, VA
Petrie M. Rainey, M.D., Cheshire, CT
Lyle S. Saltzman, M.D., Satellite Beach, FL
Barry R. Schneider, M.D., Charlotte, NC
Paul C. Sorum, M.D., Schenectady, NY
James P. Srebro, M.D., Napa, CA
James V. Taylor, III, M.D., Wilson, NC
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Janet S. Vogel, M.D., Hickory, NC
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Jerry W. Withrow, M.D., Charlotte, NC
Walter L. Wright, M.D., Kinston, NC

CLASS OF 1981
Number in class: 155
Percent donors: 30%
Rebecca I. Ayres, M.D., Roswell, GA
Elizabeth P. Belch, M.D., Melbourne, FL
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Steven H. Dennis, M.D., Raleigh, NC
Amelia F. Drake, M.D., Chapel Hill, NC
David A. Goff, M.D., Raleigh, NC
Terry R. Gordon, M.D., Detriot, MI
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Russell Harrell, M.D., Durham, NC
William M. Herndon, Jr., M.D., Charlotte, NC
M. Bradford Huggins, M.D., Conover, NC
Edward K. Isbey, III, M.D., Asheville, NC
Jane Lysko Isbey, M.D., Asheville, NC
Weldon H. Jordan, Jr., M.D., Davis, CA
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Douglas S. Kernodle, M.D., Brentwood, TN
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Garland C. King, M.D., Franklin, NC
Jan P. Kovach, M.D., Corrales, NM
Leigh S. Lehan, M.D., Raleigh, NC
Robert E. Littleton, M.D., Raleigh, NC
Catherine H. Messick, M.D., Charlotte, NC
Stephen I. Moore, III, M.D., Raleigh, NC
J. Thomas Newton, M.D., Clinton, NC
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William B. Olds, M.D., Roxboro, NC
Paul M. Parker, M.D., Atlanta, GA
Ruth M. Parker, M.D., Atlanta, GA
Donald L. Person, M.D., Youngstown, OH
Peter L. Pleasants, M.D., Providence, RI
Scott L. Ramey, M.D., Panama City, FL
Carol R. Reid, M.D., Wilkesboro, NC
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William W. Stuck, M.D., Columbia, SC
James D. Whinna, M.D., Monroe, NC
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Warden L. Woodard, III, M.D., Charlotte, NC
Michelle H. Wynn, M.D., Charlotte, NC

CLASS OF 1982
Number in class: 148
Percent donors: 24%
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J. Lawrence Brady, Jr., M.D., Charlotte, NC
Dennis N. Casey, M.D., Kinston, NC
David W. Cash, M.D., Statesville, NC
Nancy C. Chescheir, M.D., Chapel Hill, NC
Rick J. Cornella, M.D., Myrtle Beach, SC
Cindy S. Dieringer, M.D., Camden, SC
Steven A. Dingeldein, M.D., Burlington, NC
H. Alexander Easley, III, M.D., Greenville, NC
Terry L. Forrest, M.D., Goldsboro, NC
Manning M. Goldsmith, III, M.D., Savannah, GA
Joseph P. Hatem, M.D., Raleigh, NC
Sarah W. Hudson, M.D., Elizabeth City, NC
Stephen M. Hux, M.D., Winston-Salem, NC
Timothy O. Jenkins, M.D., Concord, NC
Steven G. Justus, M.D., Charlotte, NC
Angela Kendrick, M.D., Aloha, OR
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Paula M. Kreitzer, M.D., New York, NY
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Mark D. Peacock, M.D., Mooresville, NC
Rildia J. Pritchett, M.D., Cary, NC
John H. Rennick, Jr., M.D., Charlotte, NC
Jennifer C. Schaal, M.D., Greensboro, NC
Eric D. Van Tassel, M.D., Asheville, NC
James G. Wall, M.D., Concord, NC
Kathryn L. Weise, M.D., Charlottesville, VA
Fred H. Wilson, M.D., Greensboro, NC
Wayne E. Young, M.D., Portsmouth, OH

CLASS OF 1983
Number in class: 141
Percent donors: 28%
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Sharon S. Burton, M.D., Gainesville, FL
Aubrey D. Calhoun, M.D., Mooresville, NC
Donald W. Carringer, M.D., Robbinsville, NC
Vincent K. Cheek, M.D., Greensboro, NC
Douglas W. Clark, M.D., Chapel Hill, NC
Elizabeth A. Coleman, M.D., Wilmington, NC
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Cristin Babcock Cullander, M.D., Aloha, OR
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Percent donors: 32%
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Number in class: 151
Percent donors: 36%
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Number in class: 147
Percent donors: 20%
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CLASS OF 1987
Number in class: 147
Percent donors: 19%
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Number in class: 148
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Percent donors: 8%
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Number in class: 144
Percent donors: 19%
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Patricia K. Roddey, M.D., Houston, TX
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John H. Wood, M.D., Chapel Hill, NC

CLASS OF 1991
Number in class: 151
Percent donors: 31%
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CLASS OF 1992
Number in class: 153
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Number in class: 152
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Number in class: 160
Percent donors: 36%
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Bradford B. Walters, M.D., PhD., Chapel Hill, NC
Thomas James Wasileski, M.D., Chapel Hill, NC
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Richard V. Wolfenden, Ph.D., Chapel Hill, NC
William J. Yount, M.D., Chapel Hill, NC

Five-year Loyalty Fund Associates attending the fall banquet included, from left, Betsy Selig, Pam McLean, Julian Selig, John McLean, Ellyn Easterling and Bill Easterling.

Housestaff

Simeon H. Adams, M.D., New Bern, NC
Henry Akinbi, M.D., Cincinnati, OH
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A. John Bambara, M.D., Bridgewater, NJ
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George F. Brumback, M.D., Greensboro, NC
Edwin L. Bryan, M.D., Greensboro, NC
Earl W. Bryant, M.D., Camden, SC
Holly J. Burge, M.D., Raleigh, NC
John W. Caffey, M.D., Jacksonville, FL
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Vincent N. Carrasco, M.D., Carrboro, NC
Allen E. Cato, Jr., M.D., Durham, NC
G. Ray Cheely, M.D., Raleigh, NC
Jack C. Childers, Jr., M.D., Lutherville, MD
Herbert A. Cooper, M.D., Chapel Hill, NC
Arsenio O. Cordoves, M.D., Miami, FL
A. Joseph D'Ercole, M.D., Chapel Hill, NC
Frederick G. Dalldorf, M.D., Chapel Hill, NC
JoAnna S. Dalldorf, M.D., Chapel Hill, NC
Marsha L. Davenport, M.D., Chapel Hill, NC
Robert N. Davis, M.D., Greensboro, NC
Scott M. Desman, M.D., Miami, FL
Donald G. Detweiler, M.D., Raleigh, NC
Thomas E. Digby, M.D., Newton, NJ
Douglas R. Dirschl, M.D., Chapel Hill, NC
Michael F. Durfee, M.D., Raleigh, NC
Mary E. Eberst, M.D., Chapel Hill, NC
R. David Edrington, M.D., Raleigh, NC
Ronnie-Gail Emden, M.D., Portland, OR
John R. Emmett, M.D., Memphis, TN
Ruth A. Etzel, M.D., Chamblee, GA
Arthur T. Evans, M.D., Chapel Hill, NC
David M. Fajgenbaum, M.D., Raleigh, NC
Gary J. Fischer, M.D., Greensboro, NC
R. Everette Frerichs, M.D., Raleigh, NC
James C. Garbutt, M.D., Pittsboro, NC
Matthew W. Gillman, M.D., Jamaica Plain, MA
Jagmohan D. Gupta, M.D., Goldsboro, NC
JoAnne Gutliph, M.D., Gainesville, VA
Ali E. Haas, M.D., Venice, FL
Carl R. Hartrampf, Jr., M.D., Atlanta, GA
Michael T. Hartsfield, M.D., Pace, FL
David A. Hayes, M.D., Raleigh, NC
R. Phillips Heine, M.D., Pittsburgh, PA
Richard M. Helman, M.D., Columbia, SC
Margaret R. Helton, M.D., Carrboro, NC
Xaver F. Hertle, M.D., Greensboro, NC
Michael A. Hill, M.D., Durham, NC
Raymond L. Hintz, M.D., Stanford, CA
James R. Hubbard, M.D., Dubuque, IA
Barry L. Hummel, Jr., M.D., Glendale, CA
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Susan L. Hyman, M.D., Rochester, NY
Harold N. Jacklin, M.D., Greensboro, NC
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Ali Jarrahi, M.D., Winston-Salem, NC
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James J. Murphy, M.D., Arden, NC
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Henry P. Nathan, M.D., Clyde, NC
Andraos N. Nicola, M.D., Burlington, NC
Virginia G. Nichols, M.D., Jamaica Plain, MA
Richard A. Niles, M.D., Lynchburg, VA
Marguerite H. Oetting, M.D., Iowa City, IA
Eugene P. Orringer, M.D., Chapel Hill, NC
Louis V. Pacilio, M.D., Leeds, MA
Wanda Kotvan Panosh, M.D., Greensboro, NC
Edward N. Pattishall, M.D., Chapel Hill, NC
George H. Pierson, Jr., M.D., Greensboro, NC
Mark A. Powers, M.D., Durham, NC
Hal J. Rollins, Jr., M.D., Greensboro, NC
F. Peter Ryan, M.D., Spartanburg, SC
Thomas N. Saari, M.D., Madison, WI
John F. Sandbach, M.D., Austin, TX
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John A. Young, M.D., Charlotte, NC
Peter R. Young, M.D., Greensboro, NC
Nakhleh P. Zarzar, M.D., Raleigh, NC
Margaret J. Zwerling, M.D., Camden, ME

Medical Allied Health Graduates

Nan Nora Harmon, Washington, DC

Ph.D. Graduates

Lu-Ann M. Caron-Leslie, Ph.D., Chestnut Hill, MA
W. Barry Foster, Ph.D., Chelmsford, MA
Constance Lefler, Ph.D., Fort Worth, TX
Suzanne Crave Tate-Henderson, Southport, NC
Marisa McMillian Tomasic, Ph.D., Pittsburgh, PA

President's Letter

As I write this letter, it is a beautiful fall day here in Chapel Hill, cool and sunny. Some of the leaves are beginning to turn. Town and campus will be a site to behold over the next few weeks. I hope this brings pleasant memories to those of you who haven't had the opportunity to visit.

Our Fall Alumni Association meeting was held this past weekend, October 6 and 7. Overall, it was a success. The CME program was Violence Against Women: Issues for Health Care Providers. Attendance was good. On Friday afternoon, the Health Sciences Library staff gave a second Electronic Workshop Session in the Medical Alumni Association Computer Laboratory. There were introductions to e-mail, the Internet, and UNCLE/MEDLINE. Approximately 150 doctors are UNCLE users; I encourage all of you to investigate this excellent service.

The alumni dinner Friday evening was well-attended, and we took great pride in recognizing our Merit Award recipients, our Medical Alumni scholars and our Medical Endowment Fund grant recipients.

Our Council meeting on Saturday morning conflicted with other University meetings, which I hope was the reason for low attendance, but it was very informative. Dean Simmons outlined the school's and Hospitals' plans for meeting the challenges of future health care. He introduced two recent additions to our outstanding faculty: Dr. Roberta Williams, chair of the Department of Pediatrics, and Dr. Michael Lee, chair of the Department of Physical Medicine and Rehabilitation. Both are dynamic people with positive programs for the future of our School.

And, then, there was that exciting win over the Virginia Cavaliers! Perhaps the real Tar Heel football team has arrived!

Alumni meetings are scheduled in Guilford, Wake and Forsyth counties during February and in Mecklenburg during March. Meetings in Atlanta and in Buncombe and New Hanover counties will be scheduled for April or May. I look forward to seeing many of you there.

Frederick O. Bowman Jr., MD '50

CME/Alumni Calendar

	Medical Alumni Activities	
December 1	Critical Care Update	Chapel Hill
January 11-12	Challenges in Geriatric Practice	Chapel Hill
January 26-27	5th Annual Symposium on Literacy and Developmental Disabilities	Durham
February 13	Alumni/Dean's Reception	Greensboro
February 16-17	Neurology Course	TBD
February 20	Alumni/Dean's Reception	Raleigh
February 21-23	TEACCH Winter Inservice Training	Durham
February 28	Alumni/Dean's Reception	Winston-Salem
March 6	Alumni/Dean's Reception	Charlotte
March 8-9	Advanced Trauma Life Support (ATLS)	Chapel Hill
March 20-23	20th Annual Internal Medicine Conference	Chapel Hill
April 13-16	International Symposium on the Biochemistry and Pathobiology of Serpins	Chapel Hill
April 19-20	Spring Medical Alumni Weekend	Chapel Hill
April 26-27	Preceptor Weekend	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Eduction and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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